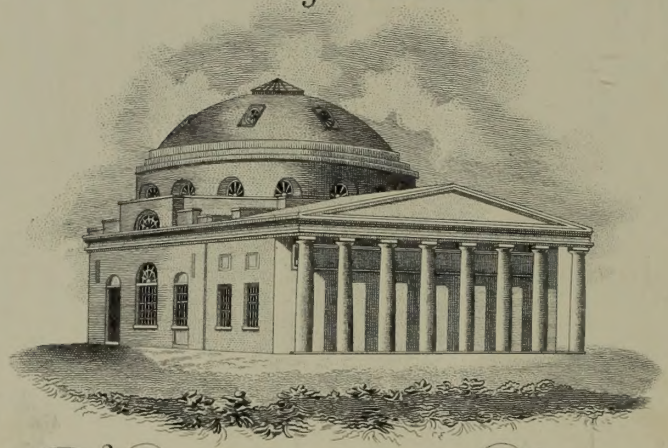
Rebound
JUN 13 1940
WE BIND BOOKS OF ALL DESCRIPTIONS

LIBRARY
OF THE
School of Medicine



University of Maryland

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

These dissertations were digitized in 2011-2012 and are available at the UM Digital Archive (archive.hshsl.umaryland.edu) and the Internet Archive (www.archive.org).

(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1884 (b)

Author	Title	Notes
Taylor, Frederick W.	Syphilis	
Smith, Daniel W.	Insanity	
Harris, Frank L.	Wounds	
Vickers, Robert E.	Chole-Lithiasis	
Finley, Joseph L.	Pneumonia	
McIlhany, J. Stewart	Inflammation	
Gibson, M. W.	Report of Cases	
Baxley, J. Brown Jr.	Phosphorus	
Morgan, William Thomas	The Scrofulous Diathesis	
Whitley, V. A.	Clinical Cases	
Massenburg, Richard C.	Hygiene	
Schloss, A. S.	Peritonitis	
Pearson, W. R.	Puerperal Septicaemia	
Fuller, A. R.	Dyspepsia	
Carr, John B.	Pertussis (Whooping Cough)	
Findley, Joshua A.	Typhoid Fever[1]	(no title page)

[1] Includes its own table of contents.

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

1884 (b)

Taylor, ~~F.~~ Frederick W.	Syphilis	26p.
Smith, ~~Dan.~~ Daniel W.	Insanity	22p.
Harris, ~~F.~~ Frank L.	Wounds	23p.
Vickers, ~~R. O.~~ Robert E.	Chole-Lithiasis	37p.
Finley, ~~Jos.~~ Joseph L.	Pneumonia	16p.
~~McIlhany,~~ McIlhany J. Stewart J. S.	Inflammation	20p.
Gibson, M. W.	Report of Cases	18p.
~~Baeley, J. B.~~ Baxley, J. Brown Jr.	Phosphorus	14p.
Morgan, ~~Wm. T.~~ William Thomas	The Scrofulous Diathesis	17p.
Whitley, V. A.	Clinical Cases	29p.
Massenburg, ~~R.~~ Richard C.	Hygiene	19p.
Schloss, A. S.	Peritonitis	32p.
Pearson, W. R.	Puerperal ~~Septicemia~~ septicaemia	18p.
Fuller, A. R.	Dyspepsia	19p.
Carr, ~~J.~~ John B.	Pertussis	20p.
Findley, ~~J.~~ Joshua A.	Typhoid Fever	36p.

F. H. & W. Taylor.

65

IMb
19001

— Syphilis —

Of all the diseases which afflict the human race, there is none so wide-spread, so insinuating, and at the same time so distinc-tive, as syphilis. This disease is not, as might be supposed, con-fined to the lower classes, but like the sin of which it is gen-erally the fruit, spares not even the mighty. All stations in life are subject to its influence, and the purest may suffer from it through heredity. This malady is very an-cient & has been known many centuries. Some have supposed that God created it amongst the [illegible] [illegible]. About the 15th cy. it raged to an alarming extent

both and the contagion of things -
though not meant to convince any,
yet its arguments is sufficient to
make one feel [illegible] with
astonishment.

Definition — Syphilis may be defined
as a constitutional, general, dis-
order which, being infectious, is
either acquired or inherited and
which tends to run a definite
course, characterized by mani-
festations which in their totality
involve every tissue and organ
in the body, to a greater or less
extent. Exactly what the syphilitic
poison is, has not yet been deter-
mined. Various attempts have
been made to prove that it is

(5)

owing to certain microscopic or-
ganisms which give it the peculiar influence it has over the system, but as yet we are in ignorance. Doubtless, in the progress of science, the cause of Syphilis, as well as that of the other contagious diseases, will be discovered.

Pathological Anatomy — For the sake of convenience, and because there is a marked difference in the lesions of Syphilis at different times, it has been divided into three stages, which however have no sharply-defined border but gradually merge the one into the other. The first stage extends from the

infection up to the eruption and of course includes the chancre which is the initial lesion and by the observance of which the individual usually first knows that his system is infected.
There is now a period of incubation generally lasting about six weeks - at the end of this time secondary lesions make their appearance and we have the second stage - Secondary symptoms may come on in a much shorter time, having been known to appear in twelve days, but this is rare, six weeks being the usual time - On the other hand they may be much longer in coming -

Usually about this time the patient has a slight fever, which may run quite high, or the fever may be entirely absent. This is accompanied by a general feeling of malaise, more or less headache, depression, &c. And then the characteristic eruption of syphilis makes its appearance, which is a rounded exanthem scattered over the body, with a color like that or raw ham or copper. It varies in intensity, but generally gives but little trouble, neither pains nor itches, and disappears under proper treatment. During this period the patient also suffers with osteoscopic pains, usually worse at

night, sore throat, and alopecia.
The different lymphatic glands become indolently engorged and the eyes may be affected with iritis. Mucous patches make their appearance in various parts of the different mucous membranes on the lips, tongue, around the anus, in the prepuctial cul-de-sac, and in females in the vagina, on the labia, & under the breasts.
They also occur wherever folds of skin come together with heat, moisture, and friction—thus between the thighs, around the scrotum, between the toes, and even at the ends of the fingers, under the nails, they may be seen. They secrete

a viscid mucous which, if the parts be not kept scrupulously clean, sends forth a most unpleasant smell.
This mucous is highly contagious and, if care be not taken, is the means of conveying the disease by kissing, using the same cup, &c.
These patches are pale and generally elevated, round or oblong in shape, and sometimes fissured, specially in the mouth.
As a general statement, it may be said that secondary syphilis is limited to the skin & mucous membranes with the lymphatic glands, while in the tertiary stage, the deeper tissues are involved.

Later still in the progress of this disease we have what is known as tertiary syphilis, which is distinguished by certain peculiar manifestations confined to no special region but attacking any or all of the various tissues. No part of the body is free from the invasions of the syphilitic poison. It is in this stage that the affection shows itself in its most form. The symptoms may be much relieved by treatment, or the unhappy sufferer may be the subject of countless ills, which will consume his body, destroy his mind, and send him to his grave an object of disgust alike to himself and to others. Happily all

do not pass through this part of Fr.
many being apparently cured before
the onset of tertiary lesions. Terti-
ary symptoms rarely appear during
the first two years after chancre.
After that they may come out
any time, having been known as
late as fifty years after.
In the tertiary, as in the secondary
stage, we have eruptions which are
generally not painful and give but
little annoyance except by the terrible
damage they do to the parts.
These eruptions generally end in
ulcerations which are either line-
ited to the integument or involve
the deeper structures. They are terri-
bly destructive and sometimes very

Coatheuse, emitting a peculiar and disagreeable odor. The bones may become involved, as they frequently do, and have to be removed on account of necrosis. There is during this third stage a deposit of gummy matter in different parts of the body which grows at the expense of the healthy tissues, and which, after reaching a certain stage of development, breaks down either being absorbed or causing abscess or ulceration and having indelible cicatrices which become whiter as they grow older, and are depressed. These gummy tumors are at times hard to distinguish from cancer, but if all the points be

borne in mind, the diagnosis can generally be made. A favorite seat for these late gummy ulcers is the posterior wall of the pharynx. They have raised borders, are covered by a tough whitish secretion, and are often raw looking. They sometimes advance with startling rapidity depriving the patient of his whole soft palate in a short time leaving nothing behind but a mass of cicatrix in stead. Usually though they yield to treatment.

In addition to this, special lesions may appear in the eye, the lungs, or any of the viscera. The brain may also have

gummata which, by their pressure, may cause paralysis, &c.
I indeed you can never tell what part of the system will not be affected by the syphilitic prism.
usation — By far the most frequent cause of Pox is of course direct contact in the act of sexual intercourse: but not all the cases by any means originate in this way. It may be gotten from kissing a person with a mucous patch, or by using the same utensils, &c. — And not infrequently has it happened that surgeons have been infected by handling a chancre or mucous patch with an abrasion on the finger through

which the poison entered - Instruments are also sometimes the means of carrying the virus from one patient to another. Then we have inherited syphilis which is gotten from syphilitic parents - Specially the mother: who, if she do not abort, which is very apt to be the case, will bring into the world a syphilitic child. These children are usually unhealthy looking and have a prematurely old countenance. They do not thrive, and after a little time show signs of the disease - Mucous patches excoriations, nodes on the bones, &c. make their appearance. The child has the "snuffles", and if not

treated, will finally die of inanition. As the symptoms of inherited Syphilis may not develop for years, and then some lesion characteristic will make the disease known—

Diagnosis— The diagnosis of Syphilis is not always easy, decidedly at the time of the initial lesion of acquired Syphilis the disease from which it is most difficult to distinguish it, being chancroid. There are however certain distinctive characteristics which, if borne in mind, should enable the diagnostician to tell the one from the other. I do not consider the peculiar appearances of chancre.

sometimes called hard or infecting
chancre - and which is the initial
lesion of acquired syphilis - This
usually occurs on the penis, as
that organ is the one most fre-
quently employed in acquiring
the disease, but it may occur
wherever there is an abrasion
of the epithelium, or sufficient
delicacy of the mucous membrane
to admit the virus.
A true chancre is an indolent
ulcer, with a hard, indurated
base, and regular - that is to say
not sharply-cut-edges, secreting a
small amount of thin, serous
fluid, and not auto-inoculable -
therefore usually found single.

This is the character of a typical chancre; but it may undergo various modifications and degenerations. For instance, gangrene may sequence, or from continued irritation it may take on an inflammation, in which case the appearance would be altered accordingly. There is also a form of chancre which is called "Hunterian", from John Hunter who first pointed it out. In this we have a deeper funnel-shaped ulcer, in which the induration is more extensive, often involving the surrounding tissue and with a cartilaginous feeling. The ulceration and pussy secretion are

also greater, and the general condition worse.

Chancroid, on the other hand, or as it is called by some, soft, or non-infecting chancre, is an entirely different thing, both in its appearance and character, and what is more important, in the manifestations which follow its appearance. There being absolutely none of a constitutional kind in chancroid, whereas in chancre, the list is long and gloomy, often involving in its fatal grasp the body & mind of those so infortunate as to wear it. Chancroid is an ulcer also, and most frequently occurs on

the penis. (Of course this refers to men, but it may occur as well in women in which case it is generally found on the labia or the mucous membrane of the vagina) is characterized by a soft base, not indurated, edges which are straight & sharply-cut, a secretion which is purulent and rather abundant, and being perfectly auto-inoculable does often occur in groups or in succession. Being purely local, their treatment is purely local: and not being followed by constitutional disorders it is highly important to be able to make the differential diagno-

sis, both as to treatment and to be able to ease the mind of your patient, as you most surely will do if you can tell him or her that what was supposed to be chancre is only chancroid. In both of these sores the lymphatic glands are involved but in a different way, and sometimes it is only by noting this difference, that you can make the diagnosis between Pox and chancroid, when you have not had a good chance to observe the ulcer. In chancre there is an enlargement of the glands in the groin, not accompanied by suppuration, but of an indolent

character, and generally there is a chain of these enlarged glands which are not painful on pressure.
In chancroid, on the other hand, usually not more than one or two glands are enlarged, and the inflammation is much more severe, going on to suppuration. After suppuration has taken place it becomes a true chancroid & should be treated.

Prognosis — Syphilis, like other diseases, is very different in different persons and no man may know or very light attacks, & the most or most virulent one. And the prognosis depends on the constitution of the patient, his hygi-

nic surroundings, the care he takes of himself & the assiduity with which he follows the directions of a competent physician - If all these things be attended to, he may be cover -

Treatment - Syphilis is one of those diseases which has a specific, and that is Mercury. Mercury given constantly and for a long time, will, in some cases, cure the trouble. In the administration of Mercury it must be borne in mind that it is useless to give it a little while and then stop because the patient is better - Constant, persevering, was against the lurking poison is

the only successful one. If done by it, the treatment must be continued after all signs and symptoms have ceased, and you have reason to think the malady is gone. Two grains of this tincture of medicine is necessary to insure safety. Many will not submit to such a strain on their patience and perseverance, and hence arise from continual recurrence of the symptoms.
Although mercury has a specific influence over this affection, yet it should not be depended on alone. Great attention should be paid to the hygiene of the patient and to the general condi-

tion of his system. Fresh air, exercise of a healthful nature, good food, and warm clothing are of the utmost importance as adjuncts to the medication. Frequently, injections required from time to time. In the tertiary stage nothing exerts such an influence over the lesions as the Iodide of Potassium. This drug will not cure the Syphilis, but it acts like magic in causing the ulcers to heal, the gummata to be absorbed, & the general condition of the patient to become comfortable to such an extent, that its effects are wonderful. Mercury exerts a great in-

Chancre in conjunction with K. I.
Tertiary Pox though is not curable, it
may only be lessened in degree.
The treatment of Chancroid is
simple, local, & not constitutional.
First, the sore should be covered with
Iodoform, which is the best, or cal-
omel powder & sub nitrate of Bis-
muth which is next in efficiency.
Some however recommend that
the best thing to do is to destroy the
ulcer at once with some caus-
tic-nitric acid being the best. If
the glands go on to suppuration,
they sh'd be opened, after which
they should be treated in the same
way as the initial chancroid.
As to the treatment of chancre,

the initial lesion of Syphilis, there is no such thing as curing the disease by the destruction of the sore. Therefore palliative treatment for the Chancre, is the one indicated, as dusting it with Calomel and Bismuth or using some mercurial and then commencing as soon as you are sure of your diagnosis, the administration of Mercury internally. In doing this, care should be taken not to induce Salivation. It should watchfully the effect of the medicine upon the individual, & if one form of Mercury does not agree, use another. After the first preparation is found, then push it slowly in-

increasing the dose until the point of toleration is reached. Then support him. If any sign of Salivation appear, withdraw the drug for a few days, & then commence again a little below the last dose. If this plan be followed with patience & care, it will be found to be the best in the treatment of Syphilis.

Insanity

By Daniel W. Smith

Insanity

Disorder of the mind consequent on brain lesions, or attendant on affections in which the brain is secondarily or remotely implicated. Feeling. Emotion. Intelligence or will of the patient conjointly or separately are exalted, perverted, or impaired.

The treatment of insanity resolves itself into the medical and moral management of the case. Medicine indirectly acts upon

the brain as it does
upon other organs,
so as favorably to
influence the course
of the disease
It regulates the
different actions and
secretions of the
viscera of the body
and thus improves
the general health
so that the happiest
results are obtained
by the early and
judicious use of
medical agents.
No uniform method
of treatment can be taught.

The conditions are essentially those of asthenia, feebleness, anaemia or exhaustion. Local bleeding may be adopted in some cases, with reference to a distant viscus. Leeches to the vulva and thighs are beneficial in some cases of mania, monomania or melancholia in adults, when such disorders of intellect are concurrent with the menstrual periods; and to the sphincter ani in those cases obviously

connected with
suppressed harmonhoid
of or hepatic congestion
In some instances
leeches may be applied
to the Schneiderian
membrane particularly
in those cases
occurring in early life
and in persons of
plethoric constitution
and of a sanguine
temperament. Illusions
of hearing or of vision
which had embittered
the patient's life have
been removed by
leeches behind the ears

or over the superciliary ridges. The utility in acute mania of prolonged hot baths was much insisted upon by the late Dr Winslow. The patient remain from eight to fifteen hours in them at 82° to 86° Fahr. whilst a current of water at 60° is constantly poured over the head. Various details of what is known as hydropathic treatment have recently been

Introduced with great advantage into English asylums. Such as the Russian or Vapor bath the wet sheet, wet pack and the like. Packing in wet sheet, warm bath and cold to the head will often procure sleep more certainly than medicines of a sedative or hypnotic class. Sedative or agent which modify directly the condition of the cerebral tissue, and

which produce sleep or rest to the brain constitute very valuable remedies. In recent acute cases they are generally admissible, and are only contra-indicated if constitution keeps up the excitement (and) sleeplessness or if local cerebral irritation exists; or if the general health and secretion are disordered. In the various chronic forms of Melancholia they are most useful, and in

suicidal insanity, the preparation of morphia says Aaitken are the most valuable agents until the nervous system is completely under their influence. Also chloral, Bromide, Hyoscyamus and Indian hemp are recommended by Prof. Russell Reynolds. Indian hemp relieve pain is soporific, anodyne antispasmodic, and while conducing to sleep promotes at the same time diaphoresis and

lucresis, without producing headache, vertigo, constipation or impairing the appetite. Recently Digitalis, Conium Belladona have been employed as calmatives. Endermic medication in insanity offers numerous advantages, and the hypodermic injection, especially of calmatives and sopoifics have also been used with great advantage. When morphia fails, Dr Reissner has found Narceia a splendid agent

mild purgative treatment formed the basis of cure in the School of Pinel and of Esquirol usually combined in cases of violence with the application of cold to the head and of warmth to the lower part of the body. Such as placing the patient in a warm bath and giving him the cold douche a remedy since more insisted upon by American Physicians

When there is anaemia vegetable tonics, combined with the preparations of Iron are of great service. At the same time the patient ought to be supplied with an abundance of good nutritious food and easily digestible. As it quiets the noisy, and lessens the dirty mischievous, and destructive propensities of others, the best forms of food are those which contains Egg Milk

In neuroses of the stomach and gastralgia Arsenic and Bismuth are both of much service in small doses. Muriate of Ammonia is of special use in those cases in which the depression is intense and paroxysmal in character.

The Moral Management of disorders of intellect is by many supposed to constitute the more efficient mode of cure, and it must be admitted

to be a most important adjunct; the first important rule is to remove the patient at once from his family. In slight cases this step is necessary in order that he may be induced to exercise such command over himself as he possesses and to remove him from influences which may have been aggravating his morbid state, such as finding himself a prisoner

instead of being master in his own house. In severe cases it is necessary, in order to prevent his doing mischief either to himself or others. In Melancholia no form of treatment is so efficacious. The great object is to break up the monopoly of grief and fear which has obtained possession of the mind, and if a new interest can be awakened or fresh hopes instituted, this

this object is in great part obtained. At the same time solitary brooding and idleness must not be permitted, and at least cheerful companion-ship must be secured. It is also important to seek out and to treat visceral and constitutional diseases, and relieve them such as Gout, Syphilis, Uterine disorders, Climacteric Period & the like

The main feature in the moral management of the insane is the abolition and absence of mechanical coercion, or restraint. The beneficial action of this system generally known as the non-restraint system is now recognized in England and Scotland where it has been gradually established in every asylum since 1841-1844, but there are certain exceptional cases of

of necessity in which some mechanical restraint is the most humane mode of treatment — the only mode indeed of avoiding certain catastrophes of too common occurrence. In certain conditions of violence and excitement it is best to place the patient in a dark room remote from the noise and the means of injury to himself or others. So

that as few objects
as possible may
irritate him just as
a patient with his
eyes affected is
kept in a dark
room. The effect
of such treatment
is of a soothing
character and should
do him good and
in not a few cases
periodic mania is
sought for by the
patients themselves.
When cases of melancholia
are severe in type

from the first, Muriat Ammonia
and the Opii are the
most valuable agent
say Prof. Gundry, there
is a tolerance of Opii
in simple Melancholia,
so long as depression last
it is taken with benefit
to every function, when
depression terminates, it
may be abandoned
at once without without
inconvenience, as convalescence
advances the patient
should be induced to
undertake some manual
labor or some office

in the asylum or household, which, by amusing his mind will invigorate his body, and greatly tend to restore the healthy working of his brain. There are no more powerful (moral) medicines than occupation, recreation and education.
Occupation should be such that no time is left for idleness or for sitting brooding over morbid fancies.
The curative results of well chosen means

of recreation cannot
be over estimated,
when circumstances of
the patient admit of
it — travelling, which
embraces change of
air and change of
scene, as well as
exercise, is often
salutary in incipient
cases and much has
of late been done
by the introduction
of music and other
amusements into asylums
change of scene acts
like a tonic to the

depressed and jarred powers but where there is great restlessness and feverish perturbation travelling should not be resorted to (Dr. J. le Brun) When reason is restored and the affections again fix themselves on their natural object then the patient may be permitted to see his friend, but should be very gradually introduced, to society. A lunatic asylum is the most fit place for a person of unsound mind but every asylum should be governed by a medical man

Thesis By
Frank L. Harris D.D.S.
Mansfield, Missouri.
Session 1883-4.

Wounds.

The wounds which the Surgeon is most frequently called on to treat are those caused by the accidental discharge of guns &c.

Burns are the most frequent variety of wounds and are most dangerous when caused by the inflamible oils & Steam.

The best treatment for burns is to make an application of raw cotton saturated with some of the vegetable oils, which will prevent, the air from com-

ing in contact with the surface, and the dressing should remain until it comes away by the process of granulation.

Surface burns are best treated with carbonate of soda; the effect of the soda is not known, but it is thought, to be due to the fact that it neutralizes the acid caused by the burn.

This is not known however positively, and is only theory: but the burnt surface could be tested with litmus -

paper to find out
whether the secretion
caused by the burn was
acid or not.

(Any substance such as
flour or putty, put on will
give the patient relief.

When the patient has
been badly, burned by
steam or oil, opium
with brandy must be giv-
en in small doses until
the patient is brought
under its influence.

Opium is one of the
best narcotics, as well
as stimulants, and in
that way assist nature

in the depressing influence caused by the burn, on the action of the heart.

Wounds caused by sharp instruments, are next in frequency, and are known as incised.

All the treatment that is necessary, will be to bring the parts nicly together- they usually heal by first intention, with out much inflamation, and suppuration.

It is only necessary to put the part at rest, and exclude the air.

Wounds which are caused with blunt instruments, always heal by suppuration, inflamation & granulation- and throw out more scar tissue: which is never healthy skin.

In operative surgery the opperator should make the scar tissue, occupy a position- where it is the least exposed to wear, as it is easily denuded, and made sore by friction.

Many complications occur in wounds which are very dangerous- the

wounds in themselves may seem of small importance - but sepsticemia with its many dangers, must be anticipated, and the patient put in the best possible condition - to resist the disease.

Wounds which are inflicted on the scalp are of but little importance, the only treatment indicated is to remove the hair, and bring the edges of the wound well together either with a stich or adhesive strip

and leave the part at rest- when the wound has been caused by a blow in a careful ex- amination should be made to see if the bony plates have been broken, and if injury has been done to see the extent; other-wise your patient might be in great danger from pressure on the brain. When the skull is badly frac- tured, that usually ends the scene, and the undertakers services are next needed-

Individuals have been known to live with the skull broken, and pieces have been found pressing the brain, many years after the injury.

A portion of a skull in the museum shows a fracture of this kind where the individual lived for several years, and died from other causes.

Wounds which heal by granulations should always be dressed by some antiseptic. Such as Iodoform or Carbolized

cotton to keep the parts in as healthy condition as is fasible.
In amputation the wound should always have a drainage tube in the lowest part of the wound, where the puss will naturally gravitate. Do Listirt treatment is to treat all wounds with carbalized dressings, and when operating he used the carbalized spray- and used carbalized cat gut for bringing the wound together, and all car-

balized dressings to pre-
vent the microorganisms
from coming in con-
tact with the wounded
surface. Irregular or
angular wounds should
have the first stich
placed in angels first
and each angle treated
in a like manner un-
til the wound is closed.
In straight cuts always
always put the first
stich in the middle
of the wound, and then
divide the spaces until
the wound is closed.
When the adhesive

strip is used, it should be removed when necessary for dressing - it should be removed, by first bringing the end of the strip to the middle of the incision, and likewise the other end otherwise you would be very apt to tear the wound, a new - and healing process would again have to gone through with.

In all cases where the patient has to undergo a surgical operation the patients health should be looked after, and he be

put in the best possible condition for receiving the operation, so when the wound is received, his constitution will be better able to combat the ill effects of resulting from the operation.

The main thing is to see that his blood is in a rich condition and that his Kidneys are eliminating the waste products, properly, and when these things are seen to you may reasonably expect your patient to stand the

ill effects of the opera-
tion, and have no serious
trouble. In other words
"get your patient ready
to cut, & cut."

Gun shot wounds
during the war were very
common, and nearly
every variety of wounds
could be seen, from
the simple flesh wound
to those of the most
importance to the in-
dividual. Wounds are
of a very serious nature
when the cranium is
fractured, but not
necessarily fatal unless

both the outter & inner plates are fractured, and the brain is pressed, thereby producing inflamation.

Loss of brain, does not necessarily cause death as individuals have been known to recover when a portion of brain has been lost.

In considering wounds of bone structure we must not forget the fact that are connective tissue, and are subject to the pathological processes, attending other connective tissue of the body. Bone is connec-

tine with the lime salts
combined to make a solid
frame work and when the
bone is braken it heals
by granulation inflama-
tion &c throwing out new
lime salts which makes
the scar tissue of bone,
which is the same path-
alogically, as scar tissue
of the soft parts.

Wounds received in the
cancilated structure of
the bone are more serious
as the cancellated structure
of the bone is more vas-
cular, and consequently
more inflamation is pro-

duced. Flesh wounds only need dressing, and anticeptic treatment, and during the war cold water was generally used, and the wounds did well notwithstanding, the fact that the soldier was very poorly fed, and was subjected to malarial influences.

The first consideration in flesh wounds is to find out the direction the ball passed whether, or not it passed through the part and if so what vessels & nerves were injured in its passage, and the extent of

the injury - This is better ascertained by the finger, but if the finger is not practical, then the probe is the next best substitute, and when the probe has come in contact with the ball, the next thing is to consider its removal.

It is known that lead will remain longer in the body without acting as an irritant than any other metal.

It seems that nature has provided herself with a substance, by which she can wrap the foreign body

and in that way retain it a long time without producing inflamation but the removal of the substance should allways be done if possible.
"Remembering the great principals in surgery, that all foreign bodys act as an irritant."

Wounds caused by gun shot are serious when the upper extremity of the femur is fractured, or passing thraugh the articulations, as the more the injury is to the body, the greater becomes the danger.

Wounds in the lower extremity (Fibula & Tibula) are not as a rule attended with much danger, as the ball is very apt to pass between the bones.

In all cases of gun shot wounds it is of great importance to see (probe) if the bone, or bones have been broken, and splintered if so remove all loose fragments as they would soon produce inflamation, and suppuration.

Wounds usually heal very rapidly, but

if the patient be in a rundam condition, then the wound will not heal so rapidly, and he should have tonics administered to build him up as fast as possible. Wounds heal very slowly in constitutions broken down by drunkenness, as the blood is thin, and does not contain as many red blood cells.

Wounds remote from the heart heal slower than those nearer, for the blood is richer near the heart than it is in the ex-

humities. The great consideration in the treatment of wounds is cleanliness of the operator as well as cleanliness of the wound, with good rich diet, and as much pure air as is possible, and avoid as much as is possible crowding in hospitals.

Wounds of the arteries are liable to be complicated with aneurisms, and they should be treated by compressing the artery above the "initali" and cut down freely

and remove the clot &c,
and tie the vessel on either
side of the wound, and
as close to it as possible
during the operation as
soon as the diagnosis
is made.

Wounds of the veins
are liable to the same
trouble, but in aneu-
risms of the veins, pul-
sation is absent.

The treatment is the
same as in the arteries.

Collateral circulation
takes place in both
cases. One remember-
ing the great princi

pal in Surgery apply
to wounds of all kinds
"remove the cause and
put the part at rest."

A Thesis

on

Chole-lithiasis.

by

W. C. Vickers

of

Hamlin, W. Va.

University of Maryland,
School of Medicine.
Session of 1883-4

This name derived from the Greek [Χολη, bile and λιθος, a stone], is used to designate that state of the system in which biliary calculi are formed. This disease without being one of the most frequent is yet far from rare, & good deal of practical knowledge concerning it has already been accumulated, yet we must admit much remains to be acquired, and much is still shrouded in obscurity.

It has been suggested by several distinguished observers that the formation of gallstones depends upon a peculiar diathesis. In support of this view they allege that in many of these patients there is an evident

predisposition manifested by a constant formation of gallstones, and this in spite of all treatment; that the disease is often hereditary; that there is a certain close connection between the state of the system that induces the formation of gallstones and which results in the formation of urinary calculi; and, finally, that this constitutional state is gout. I am not able to corroborate this view; on the contrary, I am compelled to regard this disease as due to local or general causes entirely independent of any diathesis whatever.

Some cases are rebellious, and ob-

-dinately resist the most efforts to cure; but when one reflects how difficult it is to continuously and completely control these patients, and when the various failures of the disease on future visits account, this rebelliousness to treatment is more readily explained by the persistance of local causes without assuming the existence of a peculiar constitutional vice.

Morgagni thought that hepatic colic in a patient subject to urinary calculi gave strong reasons for suspecting the existence of biliary calculi, especially if the patient be an adult. Subsequent writers have noted the co-existence of these

two forms of arthritis, and have expressed a belief in their mutual connection. I am not sure that it is quite rare and accidental. Writers do not think that gout is essential. Gout is notoriously uncommon in women, but it is decidedly in these that gallstones are most often found.

Conclusion

The etiology of gallstones is one of the "dark places" upon which much additional light must be shed before our knowledge concerning them can be satisfactory and complete.

As in most of the general questions

operating at least as a predisposing cause. They, being most common after middle age.

They have, however, been found in children ten and two years old, and even in new-born infants.

These very young subjects did not, so far as I can learn, suffer from hepatic colic, and the presence of the concretion was only recognized after death. I do not know what is the earliest recorded age at which they have begun their travels and thereby occasioned trouble.

A sedentary life predisposes to gallstones by obstructing that

process of tissue metamorphosis whose validity and perfection is so essential to health. It also promotes deposition of biliary constituents in the gall-bladder, which is strongly favored by too prolonged intervals between meals, and indeed by any retardation of the flow of the bile. Precipitation of the said constituents of the bile may be determined by a variety of local conditions, some of which I shall mention in detail. The general conditions just set forth act at most as a predisposing cause, which, without the action

of a local cause, would be wholly inoperative so far as the development of gallstones is concerned.

Diet undoubtedly has a certain influence in the production of gallstones, both in man and in some of the lower animals.

It has been observed that biliary calculi are more frequent in the gall-bladder of stall-fed oxen and sheep who have been fed on dry hay than in those who have been at pasture. In the horse they are said to be very rare. Percival believes this immunity to be due to the simplicity of the biliary aparatus in these animals.

Local Causes

1. Increase in the solids of the bile to such an extent that the physiological solvent can no longer hold them in solution, the excess being thrown down and forming biliary calculi. This mode of formation is beyond demonstration, but one can readily conceive it to be possible, and certain facts render it quite probable. That they appear at the age when the bile contains a larger amount of cholesterine I think all will admit, and Chevreul has shown that in several persons with gallstones the bile was excessively charged with fats.

2. A diminution in the amount of biliary solvents, cholate and cholate of soda and potassa, causing a precipitation of solids normally held in solution. This mode of formation is still less capable of demonstration than the former, but it is rendered probable by the effects that have been observed on administration of biliary salts in certain cases of gallstones.

3. The presence of foreign bodies in the gall-bladder. e.g. A clot of blood, a globule of mercury, a fruit stone, a pin etc. either of these forming nuclei for gall stones.

4. Catarrhal inflammation of the

biliary passages. This is the most efficient and probably the most frequent cause of gall stone.
The solvent power of the bile being lost, when this inflammatory condition of the mucus membrane of the gall-bladder is present. The bile in the mean time being decomposed and its solids thrown down either in the form of a pulverulent mass or larger particles, which tend to increase by continued accretion.
That the influence of catarrhal mucus in the gall-bladder plays an important part in the decomposition and precipitation

of bile, and the subsequent formation of calculi is rendered still more probable by analogous changes in the urinary bladder, similar to cystitis. It is evident to all that more extended mention is superfluous.

Structure.

The usual seat of gallstones is in the gall-bladder. They are less commonly found in the cystic, hepatic, and common choledoch duct, and it is less seldom that they are found occupying the biliary canals within the liver. In the latter localities they are commonly quite small.

Their volume varies from the small size of sandy particles to that of a hen's egg, and even larger, and is in inverse ratio to their number. When there is only a single calculus present it may fill the whole gall bladder, and usually corresponds in outline to the form of same. The surface of the concretion may be rough or smooth. Multiple calculi, by reciprocal attrition and pressure, assume facet shapes and convex and concave surfaces, and thus come to fit perfectly together. Sometimes they present the form of regular

tetra- or octa-hedral chrystals.
In consistence they may be firm or waxy, but are most often brittle, break readily between the fingers, and soon crumble either spontaneously or on slight pressure.
They may, however, be kept for an indeffinite time without loosing their consistency.
The material holding the particles together is thought to be cholic or choloidic acid, or both; it has also been supposed to be mucus.
The color is subject to infinite variation; they may be whitish, brownish yellow, brown, green, blackish, mottled, or streaked.

They are made up of many strata of different materials, and the differences in color between these various layers are often very great.

The calculi have a nucleus, sometimes multiple, chiefly composed of biliary pigment in combination with lime, traces of mucus, and earthy phosphates. Around this nucleus the materials that constitute the concretion become deposited in regular or uneven strata. A majority of the calculi are composed entirely of cholesterin, with a nucleus of calcareous matter

of pigment. Now and then this pigment is more abundant, and is sometimes uniformly distributed throughout the mass; at others, it and cholesterin form alternating layers. In some cases there is no cholesterin at all, and the calculi consist exclusively of carbonate and phosphate of lime.

Uric acid has been found in them; they generally contain traces of iron, manganese and copper. The specific gravity is light, and varies with the composition; when chiefly of cholesterin they float in water.

Ordinarily they are slightly heavier than the liquid, and sink in it.

Symptoms and Course.

Calculi within the liver itself are even more likely to remain latent than when they quietly occupy the gall bladder, but their symptoms are so extremely obscure that a diagnosis can scarcely be based upon them. Ill-defined paroxysmal pains, not radiating, but confined to the right hypochondriac region, absence of jaundice and hepatic enlargements, with, perhaps, slight digestive derangements, consti-

-tute their whole number.
When an intra-hepatic calculus in its downward course becomes lodged in the hepatic duct there is fixed pain, persistent jaundice, with whitish evacuations, and the liver becomes speedily enlarged, but the gall-bladder is not distended, and this is a symptom of diagnostic importance in differentiating between obstruction of the choledoch duct and of the hepatic duct.
Calculi may remain in the gall-bladder for a long time without giving rise to irritation but in certain cases their pre-

ence induces chole-cystitis, sometimes so slight and superficial as to be unattended by any symptoms, while at others involving the whole thickness of the wall of the gall-bladder and signalized by acute symptoms of great severity.

There are then sear pains in the region of the gall-bladder, constant, but with paroxysmal exacerbations, during which they radiate to the epigastrium, loins and right shoulder, attended by fever.

The neck of the gall-bladder is of necessity implicated in the

inflamatory process, and becomes obstructed; hence, to the symptoms above related is added distension of the gall-bladder, which gives rise to a pyriform tumor in this region. But there is no jaundice, which is a point of importance as establishing the diagnosis between this condition and obstruction of the choledoch duct.

Chole-cystitis ordinarily terminates in recovery, but may result in perforation and peritonitis.

It is difficult to understand

why in some persons gall-stones, even in large numbers, should remain in the gall-bladder without indicating their presence by any symptoms, and why in other cases they should be so often disturbed from their resting place and urged along the various passages until finally ejected from the system. Speculation on this point is vain.

There seems to be some connection between the inception of an attack of hepatic colic and the period of greatest functional activity of the stomach, intes-

tines and neighboring parts consequent upon a full meal. The paroxysm ordinarily begins two or three hours after a meal, and patients are prone to believe that food has disagreed.
When active duodenal contraction on the arrival of the chyme stimulates the gall-bladder to pour forth its contents the bile thus set in motion engages the calculus in the neck of the gall-bladder. When once entered into the cystic duct muscular contractions, aided by the vis a tergo of the bile, propel the calculus until it has cleared the ductus choledochus

and drops into the bowel.
The earliest symptom is usually either shivering or a sense of discomfort and distress in the epigastrium. This is soon followed by nausea, vomiting, and pain.
The nausea recurs in paroxysms, though it may be overshadowing.
The pain is, in most cases, at the commencement of the paroxysm referred to the pit of the stomach, and not to the liver. Subsequently it may radiate to the navel or the right shoulder, and become located more distinctly about the lower edge of the liver. The pain varies in character.

It is described by patients as burning, cutting, tearing or boring or as a sense of painful constriction. It may be light, but is more frequently severe. Among all painful diseases there is none which entails more intense suffering than this, and women have repeatedly expressed themselves as having endured far greater agony in passing a gallstone than in giving birth to a child.

Sudden and abrupt cessation of the pain, in my opinion most frequently indicates that the calculus has tumbled

back into the gall-bladder after having engaged in the neck. The abdomen is often retracted, and its muscles may sometimes be seen to contract spasmodically.

Jaundice is not, in my opinion, an invariable or necessary part of biliary colic. A calculus descending the cystic duct will not induce it, and even when the common choledoch duct is obstructed, it sets in only if the impaction be protracted and the obstruction is complete; if the latter, the jaundice is permanent.

The Complications are sometimes of serious character.
The calculi, whether in the liver, gall-bladder, or ducts may give rise to inflammation, suppuration, and the establishment of internal or external fistulae.
The former are beyond our reach, but the latter have repeatedly terminated in perfect recovery.
Rupture of the ducts or of the gall-bladder and general and fatal peritonitis happen occasionally.
A calculus may become permanently impacted in the ductus choledochus, or this duct may become obliterated from inflam-

mation excited by the passage of a gallstone.
Under such circumstances there is essentially, enlargement of the gall-bladder, tumefaction of the liver, with enormous dilitation of the biliary ducts, which may form fluctuating tumors like abscesses. & there is persistent jaundice, but sometimes the faeces retain their normal color, and the jaundice abates, because, under increasing pressure from behind, the bile filters through between the wall of the duct and the impacted concretions. Gangrene of the duct.

followed the sudden death that occurred. Even when the calculus has passed into the intestine all danger is not past. If it is large it may cause fatal obstruction of the bowel. If the calculi be small they become arrested in the vermiform appendix and cause perforation and fatal peritonitis.

Prognosis

In the majority of cases this is favorable, but the possible occurrence of such grave complications as those just enumerated must not be overlooked. The disease runs no definite course, but may

extend over several years.

Treatment

The therapeutic indications are two-fold viz: 1 to relieve the patient during the attack, and 2 to prevent its recurrence.

To accomplish these objects is not always easy, and, as in almost every exigency, there is ample scope for the exercise of sound judgment and nice discrimination in the selection of means and methods appropriate to the particular case in hand.

The most efficacious agent, in my opinion, for the relief of pain and prevention of shock to the

nervous system is morphia. I also think it tends to shorten the paroxysm, as well as to lessen its severity. It should be administered hypodermically, in doses ranging from one eight to one fourth of a grain, repeated every hour or two until the pain is relieved.

Chloroform is recommended both for the relief of pain, and prevention of future attacks. For the latter with the view of causing the rapid solution of the gallstones in situ. Its administration [internally] is based on the fact that it is a powerful

-ful solvent of cholesterine calculi out of the body, and upon the supposition that it is not changed in the blood and passes from this fluid into the gall-bladder, when its solvent action is exerted upon the contained calculi.

I am inclined to reject this theory of its action as highly improbable. For it is indeed difficult to believe that a quantity of chloroform sufficient to dissolve these calculi in situ can be safely administered to a patient, even if the passage of the volatile liquid into the gall-bladder were at all proved.

In order to prevent the recurrence of the paroxysms at least two conditions must be fulfilled, viz: any calculus remaining in the gall-bladder must be dissolved; & formation of new concretions must be prevented.

The patient's food should be plain but nourishing. He should eat moderately, at short intervals. He should take exercise, by walking.

He should take Hydrated succinate of peroxide of iron; for at least six months, continuously.

Ammonia muriate and Extaraxicum, are recommended.

And others too numerous to mention.

"Thesis"

Jos. L. Finley.

"Pneumonia"

Pneumonia signifies an inflammation of the lung structure. It may affect one lung only, or both at the same time. When only one lobe of a lung is involved it is designated as Lobar Pneumonia, but when the deeper structure is the seat it is known as Lobular Pneumonia.

Causes. The primary cause seems to be cold; but it seems to be caused at times without any assignable reason.

Symptoms. It usually begins

with a chill or a stage of depression followed soon by fever, with oppression in breathing, dull pain in the side and sometimes a dull, short cough. The temperature of the body is high, especially about the 4th day when it sometimes reaches to 105°. Expectoration begins about the third day usually and being often mixed with blood giving it the characteristic rusty color so often seen in the disease. The height of the attack is generally reached about the seventh day

after which the temperature declines and in favorable cases all the symptoms subside. In other cases the symptoms become more aggravated. The cough deepens and expectoration becomes more abundant, at last purulent. Death seldom occurs before the sixth and may be as late as the twentieth day

-Anatomical Characters-

Three distinct stages mark the course of the disease viz- First is the stage of engorgement; secondly the stage of red hepatization

and thirdly the Stage of grey hepatization. The Stage of engorgement manifests itself by the lung being altered in color, feels heavier, and the affected part is firmer, more resisting and less elastic than in health. On section a quantity of reddish serum escapes. The lung texture is still susceptible and pieces float in water. In the second Stage or red hepatization the color is more uniform, weight will be markedly increased and the lung is evidently

distended at times. The tissue feels solid and firm. On section very little fluid escapes. A characteristic granular appearance is usually visible, all trace of lung texture has disappeared and the tissue breaks down easily under pressure. Fragments will sink in water instantly. In the third and last stage or that of gray hepatization the color gradually fades becoming ultimately gray. The granular appearance on section is less distinct or lost, and

The lung tissue becomes more or less soft- or pulpy. A quantity of dirty, grayish fluid escapes on pressure. This stage presents all grades, from slight-softening to what-is termed purulent-infiltration. There is excessive cell-formation with fatty degeneration and liquefaction of the inflammatory products. In favorable cases these products are either absorbed or expectorated. Such is the course of an ordinary case of pneumonia. The right-lower lobe sums

to be the most frequent seat of the disease; but the inflammation may spread through the entire lung, or involve both organs Sometimes it begins in the middle or upper lobe, and in the old it often extends from above downwards. The part of the lungs not pneumonic are frequently congested, while more or less bronchitis is present

Physical signs. Engorgement Stage Respiratory movements are deficient partly on account of pain. Vocal fremitus

is often increased. The chief physical sign is the fine crepitant rale, which is heard over the affected part of the lung—

Red hepatization stage—

There may be slight enlargement of the side movements will be impaired vocal fremitus will be increased Percussion will be dull with increased resistance Tubular or blowing respiration can be distinctly heard. Vocal resonance is intensified.

Resolution Stage. The chief

additional physical signs at this stage are the redux corpitant rales. The other abnormal signs usually disappear, sometimes with great rapidity, and in other cases slowly and gradually. Occasionally slight retraction of the chest follows an attack of pneumonia.

Termination

The majority of cases of pneumonia end in complete recovery by resolution, usually a marked crisis takes place. The

temperature falling rapidly to, or even below the normal, while the pulse and respiration also diminish in frequency, and the other symptoms speedily abate, convalescence being soon established. This happens in most cases from the third to the eleventh day, being most frequently about the end of the first week; but not necessarily on odd days as some suppose. The crisis is attended with profuse perspiration and an abundant discharge

of urine. Occasionally transition into chronic pneumonia is observed, the consolidation remaining unabsorbed and the symptoms remaining with irregular fever and loss of flesh. Ultimately a form of phthisis is ~~seen~~ sometimes diagnosis. The only affections with which pneumonia is likely to be confounded are pleurisy, bronchitis, and phthisis. From pleurisy it is known by the absence of the sharp pain in the side, by

the expectant- rale and rusty sputa. From bronchitis, by the dullness on percussion, rale, bronchial respiration and bronchophony From phthisis, by its sudden onset, fine crepitation and sputa, as well as by the acute violence of the attack.

Prognosis-

Simple pneumonia of one lung, in a young and previously healthy subject, ought, under favorable circumstances and judicious treatment, ge-

well. In the aged it is dangerous. And double pneumonia is dangerous at all periods of life.

Treatment.—

In the first stage, it was formally thought that bleeding was the treatment; but now it is never done, except in plethoric and robust subjects. Cupping between the shoulders sometimes takes the place of venesection. Usually the administration of a purgative such as citrate of magnesia or Epsom salts will do good.

Tartar-emetic in small doses when the fever exists. Undoubtedly the antiphlogistic treatment may shorten the attack of pneumonia. There is no specific to the expectorant treatment is called for. Ipecacuanha is useful when the height of the attack has disappeared. Veratrum viride is also recommended by some at this stage. These remedies are called for more especially in the sthenic type of the disease. In the asthenic form stimulants are of more avail, although

They may be required in either type, especially in the suppurative stage. The alcoholic stimulants are best administerd in the form of a milk punch Beef tea is good in the second stage and followed by moderate stimulation later on. If the pain is great in the side about the fifth or sixth day you may apply a mustard plaster over the affected part. The muriate of quinia and urea injected hyperdermicly may abort an attack.

Good hygienic measures and attention to the symptoms as they arise, may be all that is called for in many cases.

Inflammation

[illegible]

vascularity etc. The color of tendons & cartilage is but little changed in [illegible] inflammation. Position [illegible]

[illegible]

The [illegible] inflamed [illegible]

[illegible] inflammation [illegible] conjunctivitis presents a [illegible]

[illegible] eye indicate inflamation of that part, for the red stripe on the cheek in [illegible] the [illegible] the hectic flush of phthisis.

Swelling is [illegible] of blood & the exudation. The swelling

[illegible] a change in form, consistence, & [illegible]. The more blood the greater the effusion & [illegible] the swelling. The effusion is due to loss of vitality of the vessel walls [illegible] the escape of greater quantities of white corpuscles & [illegible] or [illegible]

When the inflamed part "pits" on pressure it is a serous effusion if it does not it is a solid effusion. Alteration in form is due to the nature of the part. Cellular tissue swells rapidly & easily for it is loose & yielding. Bone & tendon show very little swelling.

Heat is due to friction from rapid blood current & increased chemical action of tissue metamorphosis.

Heredity, as phthisis, Syphilis.
[illegible] work – as inflammation
[illegible] wounding [illegible] other.
Exciting causes [illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
1st Remove [illegible] cause [illegible]
[illegible] in eye, or stone in bladder, age [illegible]
[illegible]
[illegible]
[illegible] in cases [illegible]
[illegible]
-ible confine the part artificially as
[illegible]
[illegible]
[illegible]

of the application

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] purpose.

[illegible]

[illegible]

[illegible]

ing round the edges. Cover the

[illegible]

[illegible] jelly. Charcoal

may be mixed with this as a deodor-

izer. [illegible]

[illegible]

[illegible].

Pressure on the afferent vessel using

[illegible]

tourniquet, [illegible], rollers, ligature [illegible].

which prevents blood from going to the part.

vesicle. [illegible] [illegible] condition is necessary and [illegible] [illegible] required.

There is [illegible] [illegible] prepared for [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

Blood letting — [illegible] [illegible] [illegible] medicine. It is judicious in [illegible] [illegible] condition of the brain. — [illegible] [illegible] [illegible] obstinate enough to make pulse soft. In Sthenic condition with full bounding pulse, blea

dish

Report of six cases by
M. W. Gibson.

present, as could be very distinctly seen, and the odor of which was fearful.

She told us that her [illegible] appearance in regard to her abdomen was that of a [illegible] pregnancy, but only so but it had been nearly seven months since the last appearance of her [illegible]. He prescribed for her hot water injections three times per day, together with an occasional mild cathartic to regulate the bowels, and at the end of a week the placenta, which was small, [illegible] the same proportions with that of the [illegible] came away. She then went on to a rapid recovery.

On the 23rd of April last he was taken with an [illegible] [illegible] [illegible] [illegible] [illegible] attended by sudden and severe rigors [illegible] [illegible] [illegible] there was [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] and [illegible] [illegible]. A [illegible] [illegible] [illegible] [illegible] attended with expectoration of [illegible] and [illegible] [illegible] having a bright [illegible] [illegible] color. After a few days the expectoration lost its [illegible] [illegible] tint, and took on that of a muco-purulent character.

constipation, at times with
severe diarrhoea.

These are for the most part
the symptoms which she has
had presented, more or less ever,
from about the year of 1863
up till last time when she died.

On the 10th of June last, we
were called to see Miss B- aged
16 years. We found her in a
comatose condition, cheeks flush-
ed and mind wandering.
On examining her pulse it
was found to be strong and
rapid, skin hot and dry, with
a tendency to [illegible]. These
conditions [illegible] from the

Mrs [illegible] aged [illegible] 1. [illegible]
[illegible] 1882. Her trouble dated
from a leap which she made
from a fence. This was followed
by pain, weight and a draging
sensation in the pelvis. This
continued for some months when
in the spring of 1883 the case
took on a much graver aspect,
suffering from pain in her back
groins and thys. Leucorrhoeal dis-
charge very profuse, pain on
micturition and coition. Troubled
with nausea and vomiting &
at times with constipation.
Appetite was bad and digestion
very feble. At intervals, varying
from one day to that of a week

she was seized with a severe pain in the Epigastric region. During these paroxysms, every muscle of the body seemed to be in a state of contraction. Relieve the pain in the stomach and it would immediately be just as severe in the small of the back. Thus it would change back and forth until she was brought fully under the influence of morphia. She went on from bad to worse until the first of June, when she was taken with a severe Cholera morbus. She was immediately put under the influence of a Hypodermic of morphia, which relieved the vomiting, but

had no effect whatever on the diarrhoea. Was then put upon Pill Opium and Bismuth which controled it for a time. But in 24 hours the cholera morbus returned. She rapidly sunk under its influence. The evacuations from the stomach were of a dark green, watery fluid, while those from the intestines were of a dirty brown, being at times streaked with blood. This green fluid, when lying on her side, would run from her mouth, seemingly without any effort on her part. This condition of things lasted for three days, when on the 4th of June she died without a struggle.

Phosphorus.

An elementary body discovered by Brandt in 1669 in the residue left on evaporating Urine.

Johnn in 1769 discovered it as a constituent of bones & Scheele some time afterwards detected it by treating burnt bones with sulphuric Acid. It was afterwards found as a constituent of certain rocks in the form of Phosphate Lime. In the preparation of Phosphorus from bone the gelatine is first extracted by boiling with the aid of heat & pressure. or they may be made into Bone Black which is used to purify sugar. Three parts of Calcined Bone Ash are mixed with two

of Sulph Acid & 18 or 20 parts of water & let standing for two or three days the mixture is placed in a strong bag & the liq containing the Phos Acid is separated from the sulphate lime I presume. Water is added to the residue & the washings are added to the ~~residue~~ filtrate &c. is the reaction

$$Ca_3\,2PO_4 + 2H_2SO_4 = H_4Ca\,2PO_4 + 2CaSO_4$$

Tricalcic Phosphate — Sulphuric Acid — Acid calcic Phosphate — Calcic Sulphate.

The residue is washed to a dry powder & mixed with one half its weight of Charcoal it is heated to a high heat in a retort. Carbon combines with the Calcic base & with oxygen to produce water. tricalcic phosphate & Phos Hydrogen.

The Phosphorus may be purified by fusing it under water containing some bleaching powder and squeezing through washed leather it is moulded in the form of sticks by raising it in glass tubes by atmospheric pressure.

Properties.

Phosphorus is a soft translucent colorless solid of a waxy consistancy becoming brittle. at low temperature its Symbol is P its atomic Wt 31 its melting Pt 115½° F & boiling at 550° when melted P is slowly cooled well formed dodecahedrons may be obtained It is insoluable in water so is

preserved in that liquid is soluable in oil petroleum Naphtha & Bi-sulph Carbon, It is exceedingly inflammable taking fire by the heat of the hand In the open air it burns with a bright flame forming with O-Phosphoric Acid. At ordinary tempt a stick of Phosphorus will emit a white smoke which is luminous in the dark in consequence of slow combustion. "This is one of the methods of analysing the air". This slow combustion may be prevented by a small quantity of Ol. or ether. Phosphorus assumes several different forms Translucent or common P when exposed to light under water becomes white & less fusible

Black form suddenly cooling Melted P—
Fifth form occurs in red scales and is
known as red or Amorphous P—
This red Amorphous opaque
variety is insoluble in bisulphide
of Carbon or benzole and when
exposed to air emits no odor
its density is greater than that
of common Phosphorous, it
remains unchanged in the open
air till heated to 500° when it
Melts & bursts into a flame
emitting dense clouds of
Phosphoric anhydrate. When
Rigidly rubbed with Chlorate Potass
& Perox Manganese or lead it
detonates & inflames

On account of its property of remaining unchanged at ordinary temperatures, and of combining with the oxygen of the oxygen compounds by means of friction it is used advantageously in the manufacture of friction Matches. For this purpose it may be mixed with the other materials with gum and ground glass & spread on paper the match tipped with Chlorate Potash and sulphur being rubbed upon it. Common Phosphorus taken into the stomach acts as a powerful irritant poison, but the Amorphous may be swallowed with impunity Those who work in common Phosphorus are liable to be affected

with necrosis of the jaw & bones
Compounds. With Oxygen Phosphorus
forms two definite oxides They are
Phosphorous Anhydride & Phosphoric Anhydride
It also forms three oxidized acids
Hypophosphorous" Phosphorous" Phosphoric"
The most important of the oxides
Phosphoric Anhydride is that which forms
Phosphoric acid by uniting with water.
The pure acid is usually produced
in a hydrated state by boiling one
part of Phosphorous in about thirteen
parts of Nitric acid. which furnishes
the oxygen while Nitric oxide is evolved
The Nitric acid being mostly distilled
off the residue containing the Phosphoric
acid is transferred to a platinum

Vessels and cautiously heated to redness. This expels a portion of the water of hydration giving the Offic Glacial Phosphoric Acid of the Pharmacop. There are three distinct forms of Phosphoric acid

The Meta phosphoric acid
Ortho Phosphoric Acid
Pyro phosphoric acid.

The Meta Phosphoric Acid is the test for albumen. coagulating it. these different forms retain their characteristics when dissolved in water & form salts with one with three and with four equivalents of Metals which are respectively called Meta ortho & Pyrophosphates.

the or the phosphates are the most common and found mainly in bones

Phosphorous enhydride may be obtained by burning Phosphorus in a limited supply of dry air by which a white volatile deliquescent inflammable powder is produced.

Phosphoric acid is dibasic and forms two classes of salt called phosphites.

When Phosphorous is boiled in a caustic alkaline solution a hypophosphite is formed with evolution of phosphuretted hydrogen the union of this & ~~sulphuric~~ salt ~~acid~~ forms hypophosphites —

With Hydrogen Phosphorous forms three compounds.
The first is a gas
The second a liquid &
The third solid at ordinary temperatures
Phosphoretted Hydrogen produced by boiling Phosphorous in milk of lime or a solution of Caustic Alkali
Calcic hypophosphite & Phos Hydy are generated.
The gas has the remarkable property of inflaming spontaneously in the presence of oxygen or atmospheric air
As the bubbles come to the surface they produce beautiful rings of Phosphoric Acid. There are six sulphides of Phosphorous

The chief Mechanical use of Phosphorus is in the Manufact of Matches. &c. "Phospho Bronze a compound found by the addition of a small percentage of Phosphorous to gun metal the Gun Metal containing 91 pts of Cop to 10 pts of Tin. ~~with~~ to this add one half % of Phosphorus = it will stand the strain of 10 tons to the square inch, and when immersed in sea water for six months lost only a little over one percent while copper immersed for the same period lost over three percent."

It is also an important article of the Materia Medica.

In small doses it acts as a

powerful general stimulant
in large doses as a violent
irritant poison its action
aside from furnishing through
assimilation material to the
nervous system is directed to the
kidneys & genital organs producing
diuresis and exciting the venereal
passion. It has been recommended
in impotency typhoid & typhus fever-
paralysis locomotor ataxy and
general prostration it is given in
form of pill of 1/20 gr in oil or as dil
Phosph acid. also as the Hypophite
Lime Soda Potash and Iron also
combined with Iron as Pyrophosphate
the most agreeable preparation is

Thapsous Solution of Phosphorus.

Made by taking of

Phosphorous gr vj

Alcohol Absolute ℥xxx

dissolve by aid of heat in water bath whilst hot add

Glycerine Best ℥ix

Alcohol ℥iß

E. f. Mentha P ℥ß.

One dr represents 1/19 gr Phosphorus.

One teaspoonful a dose.

gradually increased.

Poisoning of Phosphorus=

To write in a short time Oil of turpentine has been use in doses of half teaspoonful every half hour and all Albuminous substances

be withdrawn but Percy has proven by his experiments on animals that Oxygenated water by the Stomach & the inhalation of oxygen gas are the true antidotes to Phosphorous by converting it into hypophosphorous and phosphoric acids which are comparatively innocuous.

The

Scrofulous Diathesis

Wm Thos Morgan
Johnstown Pa
1884

The Scrofulous Diathesis

The object of this paper is merely to point out some of the signs which are so characteristic of the scrofulous diathesis; its general cause, and the treatment to be pursued by those who are subjects to that ill condition.

This condition has been defined as, "a state of constitutional debility with a tendency to inflammatory and ulcerative diseases and to the deposit of a substance called tubercle in various

tissues and organs".

There are two varieties of the Scrofulous habit viz: the Sanguine and the Phlegmatic; the signs in each are very different from each other, in many respects, but they agree together in denoting the same constitutional debility.

In the first or Sanguine variety, the person is frequently handsome, having a fair transparent, very thin skin, with the veins plainly visible through it, and presenting the most brilliant contrast between red and white; the cheeks are rosy, the red

color of which is well-defined in general, but by cold, it readily changes to purple or livid; the color of the hair is generally light or reddish; the eyes blue; the lashes long and silky and the sclerotic has often a peculiar pearly lustre. The extremities are very subject to chilblains.

Many of such children are extremely clever; quick of apprehension; with easy tempers and warm affections; lively in their manners; ardent in their undertakings, and exhibit a degree of imagination far above the average.

This precocity of mind and intellect, while it delights the fondness of the parents, awakens the fears of the more far-seeing physician.

Sometimes in this variety the skin is dark and transparent, and the eyes dark, although there is the same characteristic of delicacy and vivacity.

In the second or Phlegmatic variety, the signs are almost reversed; instead of the lively disposition and other signs so characteristic of the sanguine habit, we have, to outward appearances, dull and unpromising

ones, although persons of this conformation will be found very often to possess a clear, vigorous intellect and powers of application far above the average.

The skin is often thick and muddy; the hair dark and coarse; the eye is known as greenish or hazel color; the pupils are dilated, and the belly is often distended or swollen.

In the bodily conformation of each variety, the same, if not a greater, difference exists. In the sanguine variety, the growth is generally rapid; the

limbs well-made; the stature tall and the chest broad. Puberty is also earlier, especially in the case of females, who are usually remarkable for that early and evanescent beauty which arises from the great development of adipose tissue.

In the Phlegmatic variety, on the other hand, the growth is often stunted, the chest narrow, and the limbs frequently deformed with rickets; puberty is also retarded, especially in the case of females who are liable to a prolonged chlorosis. When Scrofulous disease occurs

in this variety, it is exceedingly obstinate and untractable.

Etiology.

Although the Scrofulous habit is generally considered to be hereditary, it is not necessarily so; Parents may indeed transmit the scrofulous habit and even the disease to their children, but it does not necessarily follow, that all the children of scrofulous parents should inherit that condition; nor does it follow that parents must needs be scrofulous to beget scrofulous children, but they may transmit such a habit if debilitated in

any way by privation or disease, if either of them is very young, or very old, or if either labors under a venereal taint, or if either has been profusely treated with Mercury.

Even if the habit or disease has not been inherited, anything that is capable, directly or indirectly of lowering the vital energies, such as privation, bad and insufficient food, neglect of proper exercise, insufficient clothing, habitual exposure to damp and cold, want of fresh air, and light, may produce it.

Again, a person may

possess the scrofulous habit and yet, a scrofulous disease may not make its appearance in such a person, unless the health is previously depressed by some other disease, such as Measles, Scarlatina, Small Pox etc.

Scrofulous disease seldom appears before two or after thirty years of age.

Scrofulous patients are liable to a variety of insidious, lingering and obstinate inflammations and ulcerations. The lymph effused is often frail and curdy; the pus is viscid, or serous and flaky and scrofulous ulcers are weak, with

a pink surface; flabby; rapidly growing granulations and loose edges. When an abscess heals by suppuration, the skin is puckered up and it generally leaves a scar that is ragged and unsightly. Such scars are often observed where a lymphatic gland of the neck has ulcerated and healed up.

The Lymphatic system; the mucous membrane of the skin; the bones and their coverings are nearly always the first to suffer.

Treatment.

The means required for the treatment of this condition, are both regimenial and medicinal, but

the former is the most important by far. The objects to be gained, are, the strengthening of the system, the prevention of local disease, by rendering the circulation vigorous, and the keeping up of the secretions.

Diet.

They should have an abundance of good, nutritious & easily digestible food, consisting of meat, bread & farinaceous substances generally. In the case of babies, the quality of the mother's or nurse's milk should receive particular attention & the child fed judiciously during the second year.

Exercise.

Free exercise of the muscles and lungs in the open air is indispensable; at the same time it should be indulged in with proper restrictions and never carried to the state of fatigue, or it will likely prove more injurious than beneficial. Gymnastic exercises should be used with the utmost caution, as they easily produce fatigue.

It is a very common belief that exercise before breakfast is always beneficial; this is a mistake, and one too, which is productive of much mischief

to those who are feeble and habitually deficient of nervous energy; none but the vigorous can, with propriety take exercise before the morning meal, and if in a malarious district, not even the most vigorous should indulge in such exercise.

Residence

It is not every patient that is able to shift his residence to any desired spot, but those who can, should select one where the climate is cool and bracing in summer and warm, without being damp, in winter.

Bathing

Daily washing and friction of the skin, are highly beneficial; and the latter, at least, is indispensable, when the patient is precluded from taking exercise.

Cold sea-bathing is the most beneficial, and as the object in using the cold bath is to produce a vigorous reaction, it is necessary that the nervous and circulatory systems should be in some degree of excitement before taking it; the skin should be warm, but not perspiring, nor should it be in a cooling condition after perspiration, and the bather must not be exhausted by fatigue.

The best time for a child or weakly person to take a bath is in the forenoon when the air has become warm and the stomach fortified by breakfast, but if the patient is strong, he may plunge into the open sea early in the morning on an empty stomach, not only with impunity but with advantage.

If in a short immersion the surface is rendered cold, numb, and pinched, it is injurious. Rigid bathing is, in some instances, more beneficial than sea bathing for scrofulous ulcers.

Medicinal treatment

The kinds of medicines required for the treatment of this condition are, first, Aperients to restore and maintain a proper action of the bowels and secondly, medicines capable of promoting digestion, and rendering the flesh more sound and healthy; for the latter purpose, the chief are, Cod liver Oil and Iron. In cases where the former can not be tolerated, the Hypophosphites must be given with advantage.

It is generally necessary that these remedies should be persisted in for a very long time, and indeed, with some, it

appears to be almost an impossibility to maintain any degree of health without their continued use.

It must never be forgotten, that, without wholesome food, pure air, warm clothing and proper exercise, medicines will be of little use in the treatment of the scrofulous condition.

Wm. Thos. Morgan
Johnstown
Penna.

Clinical Cases
Reported as Thesis by
Dr. H. Mitley for Session
of 1883 and 1884.

off. The only thing about the case that is worthy of notice is the severity of symptoms and the promptness of Ipecac to relieve them, and the great amount of and long continued sloughing after bowels began to heal.

Case 2nd — Mary W. aged twelve years, was taken sick August the 2nd with general languor headache; loss of appetite. On the 5th Dr. Wolcott (my preceptor) was called to see her. He found pulse rapid and weak; tongue dry and furred; temperature 103.

[illegible] and [illegible]
nitic and a little [illegible],
she had violent headache
with some stupor. He diag-
nosed it to be Typhoid Fever,
& gave her ℞ Dover's powders
gr. ii, Calomel gr. 3/4 [illegible]
three hours, with Chlorate
Potash and Turpentine every
three hours. 6th Her condi-
tion was worse, all the symp-
toms more aggravated. Con-
tinued treatment with [illegible]
applications to head. 7th
Dr. R. Anderson was called
in consultation. Her condi-
tion was worse than on pre-

vious day. Fever 104, pulse
rapid and weak, stools
often and watery; bowels
very tender and tympani-
ic; headache intense and
slightly delirious. No change
in treatment, except to add
gr. ½ Quinine every two hours,
with alcohol every two hours,
and a blister on abdo-
men as a revulsive. 8th
I saw her with Dr. Anderson.
She was no better; fever
still high; pulse weak and
thready; she was slightly
delirious yet; very weak; no
appetite; bowels still tender

[illegible] [illegible] [illegible] [illegible]
usual [illegible] [illegible] [illegible] was
free from pain, [illegible]
[illegible], she was much better.
Continued [illegible] [illegible] [illegible]
[illegible], and opiates at night.
She improved rapidly from
that time, without any further
trouble.

Case 2d. — I was called,
Dec. 31st, to see Ben L. aged
17 years, stunt, healthy and
very robust. Found him
suffering from acute
pneumonia of lower lobe
of right lung, there was
dullness on percussion; [illegible]

auscultation I found fine crepitant rales; pulse fast and full; tongue dry and brown; temperature 103; face flushed; headache and delirium; bowels costive; skin dry and hot. Had been sick one day; taken with a chill followed by fever and delirium. Diagnosed Pneumonia, caused by exposure to cold. I gave him a good cathartic, also 10 grs. Carbonate of ammonia every two hours, with cold applications to head, and 10 grs Dover's Powders at night.

and moist; dulness in
side gone; cough better.
Stopped all medicines
except cough medicine.
In a few days dismissed
case as well. The only
thing worthy of notice in
the case was how quickly
the Tartar emetic relieved
fever and delirium.
I had another case of
some kind of sometimes
[illegible] in some way it
yielded to treatment
but much more slowly
than the first case.
but made [illegible] recovery.

[illegible]
brain substance had passed
out into the tumor. The
child did not seem to
suffer any from it. In
three or four days the
tumor filled up again.
We did not open any more.
I saw child often and
there was no change in
appearance. The child
nursed well and appeared
in healthy as other children.
I watched case till Sep. [illegible]
when I lost sight of it. Up to
then there was no change ex-
cept forehead seemed shrunken [illegible]

Seemed some easier. Headache
not so severe; soreness in chest
a little better; but still dull, and
cough very bad. Same treatment con-
tinued with more stimulants. 12th Same
better, but cough and dulness of right
lung remains. She was kept on tonics
and cough medicine with alcohol
for several days; when she began
to gain a little strength but dulness
of lung and cough remained. She was
put on iron, cod liver oil and alcohol,
cough medicine. Her lung cleared
up, cough ceased and she slowly re-
gained her strength. After three months
confinement she was able to get out of
house, and entirely recovered in a few months.

A Thesis

by

R. L. Massenburg

University of Maryland

1884

A Thesis on Hygiene

by R. C. Massenburg

Hygiene has been defined by that eminent physician and author, Dunglison, as being "That part of the science whose object is the preservation of health, It embraces a knowledge of healthy man, both in society and individually, as well as of the objects used and employed by him, with their influence on his constitution and organs".

Of all the branches of medicine this is perhaps the one least understood by mankind generally, and to which least deference is paid by those who do understand some of its principles

than any other of nature's laws.
And it is with pain that I must admit so little understood and put into practical use by many of the Medical profession — outside of the schools of Medicine, — in the treatment of diseases placed under their care.
Hygiene has not kept pace with the other sciences in the advance of civilization, for at the present it is neglected on the one hand, by the poor classes in the essential of cleanliness, and by their wealthy neighbors on the other by negligence of light and the direct rays of the sun for the purification of [illegible]; ventilation giving place to the

luxurient tastes of the owners of palatial residences in its occupied apartments while piles of innumerable variety is accumulated in cellars and out of the way places to mould and decay.

This mould and decay - producing fungi in the cellars is carried by the air to the sleeping apartments, and being often of a poisonous nature which like most bacteria when dry - and coming in contact with the moist mucous membrane of the Bronchi forms a Bacteria and in the case of Pneumonia is taken in the blood and carried to every part of the system as a [illegible] [illegible] one of the many [illegible] diseases,

the city markets, no care being taken to call out the decayed and decaying material and often this itself is left until the cellar is wanted for another years crop.

In former years, when the people were less enlightened than at present, the Physician was never summoned to the house until some member of the family had been stricken down by disease or accident, but at the present time, when the laws of health and sanitary regulations are being discussed in all the journals, the family Physician is looked to for something more than to treat some disease, reduce a fractured limb or extract a bullet at election time.

He is now looked to as a Medical counsellor to advise how to guard against disease, as the learned lawyer is looked to by his client to keep them out of vexatious lawsuits - except to say that while the latter is well paid for his services, the former must furnish his services gratis for the benefit of the community at large. As able lawyers are to the large corporations, so are the Sanitary Inspectors to all large communities, provided these inspectors are intelligent and learned Physicians and not ward bummers appointed for services rendered at the voting precinct.

In the country as a general thing the houses are comparatively small

and the families large, necessitating the crowding of two or more beds in one room to be occupied, as often happens, by six or more persons, and these generally being hard workers and sound sleepers, they are resting in utter ignorance of the poisonous atmosphere they are taking into their lungs at every inspiration. It not unfrequently happens that, in order to be prepared for an emergency during the night, the coal oil lamp is left burning with the flame turned low, for false economy, thereby permitting the escape of a noxious gas into the room. At the same time it must be remembered that the coal-oil is not annihilated, but is decom-

posed into its elements.

Now the question will at once arise — can these elements, coming into contact with the exhalations of the lungs and through the integument of the body as well as the effluvia of the clothing, form any ferment or Bacteria to derange the functions?

I hold to that opinion at the present time, and shall continue to do so until shown to the contrary by some one who lays claim to a higher order of intelligence.

A case in point which I will cite to show how forgetful some physicians are, of the observance of Hygienic law, in the treatment of disease placed under their charge.

Some three years ago Scarlet fever was prevalent in the community in which I resided, several deaths had occurred both adult and children, and the whole community had become so alarmed that, when the fever was even suspected in a household, no one could be induced to go near it, except the family physician, I was informed that a friend whole family were down with the disease and that there was no one even to hand them a glass of water except the faithful cook who was almost completely exhausted by constant attendance day and night. Acting upon the principle that "a friend in need is a friend indeed"

I went to their assistance and found the father and one child in a small room in the same bed, both suffering from the disease. The whole surface of the child's body of scarlet redness and within 4 or 5 feet of a hot coal stove, the throats of both so affected that they could only sleep for a few minutes at a time, every window, curtain, and blind closed tightly as if to exclude, by all possible means, the fresh air from without and to keep in if possible the noxious atmosphere of the room, the odor of which was so bad as to almost stifle me, the whole house closed in the same manner - the only air allowed in the room was through the door -

way, whence came all the bad air from other parts of the house.
Well knowing that such an atmosphere must almost certainly prove fatal to them - I felt impelled to let in some fresh air, so I raised a window in the room so guardedly as not to allow any cold air to blow on the sick, but so as to allow all the noxious air possible to pass out and having a thermometer I could regulate the temperature of the room to the proper standard.
Thus I continued through the entire night to let in fresh air as needed, and was pleased to find in the morning that both father and child were much better, the former declaring that all

the disagreeable sensations about his throat had passed away.

I told him what I had done during the night, and as I was about to leave asked him to call the attention of the attending physician to the condition of the atmosphere of the room.

But it would seem that he bowed to that school of practitioners who believe more in the administration of medicines alone than in joining with them the simple observance of the simplest of hygienic laws,— good and judicious ventilation.

Two of the three children died and it was some months before the mother recovered from such gross negligence of the laws of health.

I do not mean to assert that, if the laws of health had ~~[illegible]~~ been observed and the air of the chamber had been kept in a pure state, they would have inevitably recovered, but I do mean to say that if Hygienic laws had ~~[illegible]~~ been properly observed the patients would have had a much better chance for recovery. Medicines alone will often fail of their object, but with the proper Hygienic regulations much good can be accomplished.

Another case in point which I will cite as showing the importance of the observance of Hygiene in Pulmonary diseases.

Two young men about 20 years

of age, employed as clerks, whose close confinement and an hereditary predisposition to Pulmonary disease, developed every indication of Pulmonary consumption, in fact it had progressed so far that both were compelled, through great debility and emaciation, to abandon their occupation and went home to die, under the impression that no treatment could save them.

The one, falling into the hands of a physician who knew absolutely nothing of Hygienic laws, was put to bed in a heated chamber. If the time-honored fire-place had not been closed to give place to a more fashionable and falsely economical stove

there would have been some hope for him, but all avenues, of ingress of fresh air on the one hand, and egress of the noxious effluvia of the chamber on the other, were scrupulously closed, as was said to keep him from "taking fresh cold". The other was more fortunate, for falling into the hands of one of those physicians of the more advanced schools of Medicine, who thoroughly understanding the laws of Hygiene and knowing how to put them into practical use, directed his patient to breath all the fresh air of a country life possible into his weakened and obstructed lungs - to take ~~[illegible]~~ ar (for nature is singularly regular

in all her laws) and [illegible]
moderate exercise in the open air -
to keep out of the house as much as
possible - to ventilate his chamber -
with scrupulous care, not forgetting
the importance of occupying it alone -
to take moderate doses of good whis-
key and Cod liver oil, not with
a view of curing the disease, but to
stimulate and nourish his greatly
enfeebled constitution until Physio-
logy could supplant the Pathological
changes that had taken place.
The one died in six months from
the foul atmosphere of close con-
finement - while the other is not
alive to testify to the good advice
of his attending physician, and

though not so robust as he might have been had he not have developed this scourge of the human race, he has yet outlived his companion some twenty years in tolerable good health.

But Hygiene consists of something more than its adaptation to the sick. Its aims are higher. It aims at the preservation of health. But in order to preserve health, we must first have a healthy individual to preserve. We must start at the fountain head to cleanse it of its impurities before we can expect to have good pure water. So also must we start at the fountain-head in the "Crescite et Multiplicamini"

of the human race. All the educated agriculturists of the day are vieing with each other in the production of a higher quality and finer breed of horses, cattle, sheep and swine, but who would raise their hands in holy horror at the very mention of such a thing as producing a higher and more healthy order of human animals.

Just so long as near blood relations intermarry - just so long as those predisposed to pulmonary disease intermarry with those of the other sex of like predisposition - just so long as the fashions of the day are followed with such exactness, cold rides with insuffic-

-ient protection to attend a "Ball", late hours and late suppers, tight lacing to produce a fashionable wasp-waist, thus preventing the proper circulation in the abdominal viscera, and last but not least of all the evils, the toleration of uninspected bandy houses in our midst for the contamination of the rising generation of our young men - just so long as these evils are tolerated and the principles of Hygiene are neglected, will we have to contend with all the diseases to which the human family is heir.

A Thesis

on

"Peritonitis"

by

A. S. Schloss.

of

New York City.

University of Maryland,

Class of 1883-4.

Peritonitis

is an inflamation of the serous membrane which invests the abdominal organs, and lines the abdominal cavity. It may be partial or diffused over the entire surface of the peritoneal sac. The causes of peritonitis are frequently due to wet and cold, damp feet, sudden changes of temperature. In a more direct manner may be induced by contusions, bruises, surgical operations, unusual stretching or laceration of the membrane. It may

follow or be associated with the acute disease of some organ by contiguity of structure, as in hepatitis, gastritis, dysentery. The abrupt suppression of habitual discharges, and contamination of the blood itself have been set down as causes.

Symptoms. The invasion is often sudden, but may come on slowly. In the acute sthenic form, there are generally rigors, followed by heat and flushings, aching of the head limbs or back, uneasiness at the epigastrium, thirst, nausea,

and acute pain in the lower part of the belly. Pressure on the abodomen, coughing, evacuation of the bladder or bowels, or what = ever increases the weight, or stretches the membrane increases the suffering. The pain at first localized soon becomes diffused over the entire abdomen. As the disease progresses the pulse becomes, short quick and tense, and rises from 120 to 130 in the minute. The pulse is not always a sure guide, as very serious attacks may be

in progress under all conditions of the arterial circulation, as pain or pressure is not always to be relied upon.

The tongue is moist and covered with a thick creamy mucous, occasionally it is dry. The bowels have a tendency to be confined and the urine is scanty and high colored.

The skin is hot and dry in the early stages of the disease, but becomes cool and bedewed with a clammy sweat before death. Patient lies in

supine position, with knees drawn up, and cannot turn without increase of pain. The breathing becomes quick shallow and almost entirely thoracic, and instead of being 18 or 20, it may be 60 or 80 in the minute. The downward pressure of the diaphragm is avoided as much as possible, as all movement gives pain. The pain is sometimes perma= nent, in some cases parox= ysmal, assuming a spasmod= ic character. Nausea and vomiting often come on with the other symptoms.

Tympanitis is always present and often very distressing. The distension varies in degree, in those whose body is flat and restless, it is often excessive, while in the robust and muscular it is less in amount. Per = cussion gives the loud tym= panitic sound particularly in the umbilical and epi = gastric regions. When there is effusion of serum the line of dullness can be most distinctly observed according to the position of the body. Effusion is one of the most frequent results, without

which the disease does not assume a well marked or typical character. The proportion, and quality of the inflammatory products vary in each individual case. In the early stages, the effusion is small, and does not to any extent increase the size of the abdomen, it gravitates into the pelvis and iliac fossae, and can be detected by percussion over the lower part of the belly. When it increases, the pain becomes less prominent, the pulse is softer, there is a feeling of weight in the body, and the extremities have a

tendency to become cool. When pus is secreted, rigors are a common symptom, it is not absorbed if in large quantity. It finds an exit either by forming an ulcerated opening into the bowel, or more frequently makes a fistulous passage through some part of the abdominal walls. Occasionally the acute may pass into the chronic form, and the patient may live 4 or 6 weeks or even months.

Varieties. Of all forms none is so fatal as that in which there has been a solution of continuity of the membrane

as this generally implies the extrusion of some secretion or substance into the serous cavity. Perforation may be produced in various ways, by penetrating wounds made by blunt or sharp instruments, corrosive poisons, the giving way of the uterine walls during parturition &c. Its most commonly caused by ulceration commencing in the mucous membrane of some portion of the digestive tube and penetrating through the muscular and serous coats. When it occurs from this cause, it is principally observed in

the stomach colon and caecum.
The symptoms are sudden;
the patient frequently falls into
collapse at once, occasionally
there is febrile excitement,
hard pulse, and great thirst.
When the stomach is the seat
of perforation the symptoms
are similar to those present
when any other part of the
digestive tract gives way.
Ulceration of the stomach is
most common in females,
it may also happen to
children. Death does not
always necessarily follow,
as adhesions may take place
between the point of

ulceration, and the abdom=
inal walls, or one of the
solid viscera, or a com=
munication may be estab=
lished between the stomach,
colon, or duodenum, the
latter is less liable to this
accident than the stomach,
but its serous membrane
may give way under the
ulcerative process. Perfora=
tion occurs more frequently
in the lower third of the
ileum and near the ileo=
caecal valve than in any
other part of the intestines,
the caecum and vermiform
appendix are next in order in

point of prevalence. The latter may be the seat of fatal peritonitis not only in enteric fever but from the impaction of some foreign body as a fruit seed, a piece of bone, impaction of indurated fecal matter, &c. There is no mutual relation between the febrile symptoms, and the occurence of perforation. The diarrhoea may be a persistent symptom, and yet the points of ul= ceration not be numerous or deep, while in other apparently mild forms of fever, the bowels may unex= pectedly burst either at a

late date of the attack or during convalescence. Pain is not always a continuous symptom up to death, it occasionally abates, and cases are recorded in which it ceased entirely for several hours before dissolution. The period after the accident at which death may occur is influenced by various causes, as the vital powers of the patient, the extent of the orifice, the part of the bowel, the kind and quantity of lymph thrown out, and the conditions favorable or opposing adhesion. The duration

of an attack, deduced from many cases, and collected from various sources, appears to be about 30 hours. If the opening be in close apposition with a solid organ or walls of the abdomen, the extrusion of the contents of the canal may for a time be averted, but when they do escape, the inflamation becomes so intense that remedies are generally powerless. The colon is sometimes perforated in fever, but it is not so liable to this result as the parts last named. The average of perforation in enteric fever

at first limited to the side of the Uterus, gradually spreads over the entire abdomen, it is not always severe and is sometimes paroxysmal, the patient being free from pain during the intervals. The abdomen becomes suddenly large and to a greater extent than in any other kind of peritonitis. At the onset of the attack the Uterus can be felt above the pelvic brim, soft and uncontracted, but as the distension progresses, it cannot be distinguished. The lochia are diminished or suspended, if milk has begun to flow

its secretion is arrested. The pulse varies, but it is always above the normal standard. After pains may be confounded with those of inflamation, but the former come on soon after delivery, and decrease in force and frequency in time, the latter does not come on so soon, and its symptoms become more pro= claimed instead of diminish= ing. After pains are associated with a firmly contracted Uterus, peritonitis with a relaxed Uterus, remedies which relieve the former are useless and harmful in the

latter. After pains may be followed by inflamation but the progress of the case leads to a correct conclusion. When the malady terminates by reso = lution the pulse becomes softer and fuller, the lochia are re = established and milk is again secreted, the patient can lie with more comfort and can lie on her side. The symptoms of fatal termination are weak and thready pulse from 120 to 160, the abdomen keeps distended and tender, the extremities become cold, the breathing quick, shallow and thoracic, and the features are sunken.

Complications Peritonitis is often more or less complicated with some other disease. It may be complicated with Gastritis, hepatitis, acute splenitis, enteretis, nephretis, or any inflamation of the viscera or digestive tract. Morbid Anatomy. The first inflamatory change in the peritoneum is the loss of transparency and the shining polished appearance proper to its healthy structure. The subserous vessels become injected, and may be seen through the membrane in fine hair like streaks. The degree or shade of redness depends upon the period of

congestion, the kind of inflammation, and the condition of the blood. When the congestion has continued for some time, the tint is light red, when recent the color is not so prominent. As the disease progresses, vessels in the membrane which were colorless, enlarge so as to admit red blood globules. At first there is a diminution of the secretion, at times, differing according to condition, as mildness or severity of the attack, vital powers of the system &c, the secretion is re established, and if the disease progresses favorably

it manifests, all the char=
acteristics of the natural state,
but if it progresses it is
increased in quantity and
altered in quality. In acute
sthenic peritonitis there is great
deposit of lymph, it is thrown
down on the free surface of the
sac in varying amounts, accord=
ing to the condition of the cir=
culation and the violence of
the inflamation. It may be
very thin or several lines in
thickness, in color it is straw
yellow or may sometimes be
of a grayish tint. When abun=
dant it is seen in a band
like arrangement constituting

links of varying thickness uniting the viscera, generally it is in masses filling up the interspaces. The viscera are not only matted together but there is more less adhesion of the parietal peritoneum. That the plastic effusion is irritant to serous surfaces is shown by the fact that when deposited on one part of the peritoneum, or any surface opposing or in contact with it, they take on the inflamed condition. In the partial form of peritonitis when some visceral disease has extended through to the serous coat, and caused inflamation

in that membrane, there are depositions of lymph cementing contiguous parts together, while other parts of the peritoneum are perfectly healthy. In ulcer= ation of the stomach, adhesive ulceration sometimes averts a serious result by the production of an aperature into the colon or duodenum. In peritonitis of children the abdominal viscera are found matted to gether and adherent to the abdominal walls. When the peritoneum becomes inflamed after typhoid fever, an excess of serous effusion is discovered, the albuminous portion being

absent. Diagnosis. While the severe acute forms of peritonitis are readily recognized, it may be masked with other symptoms when it is a secondary complaint or complication, that its diagnosis is very difficult. The diseases it most resembles are gastritis, enteritis, colic, rheumatism, obstruction of the gall ducts and poisoning. As to gastritis, it may be said that it is rarely met with as an idiopathic affection, in the majority of cases it is referable to acrid and corrosive poisons. The inflamation

may commence in the digestive surface and extend to the peritoneal investment, when it may become partial perihonitis. It is often very difficult to diagnose enteretis from peritonitis. Inflamation may begin in the mucous membrane and involve the peritoneum, or peritonitis may involve all the coats of the bowel and both diseases may be present. In Enteretis the vomiting is more urgent and the bowels are greatly obstructed, and as a rule the patient does not complain of much pain. In peritonitis the pain is more

acute and superficial, the patient is averse to motion, the respiration is more thoracic, and features more collapsed. It may be mistaken for colic, but the latter lacks the continuous pain, abdominal tenderness, tympanitis, muscular rigidity, frequency of pulse and prostration of peritonitis. In rheumatism absence of characteristic symptoms, and probable presence of the disease in other parts of the body, will prevent any error in diagnosis. In obstruction of the gall ducts from calculi, tumors, or other causes, the pain is paroxysmal,

often extremely severe, and with the passage of the obstructing body and the restored tone of the canal the suffering subsides. There is no fever, distention or abdominal tenderness. Prognosis. This will be modified by a variety of causes, each case presents a different array of facts. The asthenic is less favorable than the sthenic type, and when it is the inflamation of metastasis the chances of recovery are less. In unfavorable cases in spite of the best means of treatment there is a progressive increase of all

the principal symptoms, the pain does not decline, the distention and tenderness do not abate, the breathing more hurried, and thoracic, the bowels are generally confined, the legs and feet are cold, the patient lies on his back with his knees drawn up, and often the mind is clear to the end. The patient sinks by asthenia. In those cases in which a favorable progress may be predicted, there is remission of pain and tenderness, abatement of distention, the pulse is slower and fuller, respiration is not quick, and patient can turn

on his side. In complicated cases or where there is perforation of the bowel, rupture of the liver spleen or gall bladder the prognosis is always unfavorable. Treatment. In acute inflamation of the sthenic type, bloodletting by venesection, or preferably by a number of leeches over the abdomen, is at times successful when performed or used at the beginning of the attack. It is when peritonitis occurs in a strong and plethoric patient that the withdrawal of blood is indicated, and then

generally within the first 24 hours. When effusion has set in or progressed to any extent bloodletting is more injurious than useful. Warm fomentations by means of cloths wrung out in hot water, or a large linseed poultice produce a soothing effect, and are useful, they should be removed before they become cool. Rubifacients and Turpentine stupes are serviceible. Cold applications have been recommended they may help to cool down the inflamatory action, but it should be left to the feelings

of the patient whether warm or cold applications are to be applied. Opium is of the utmost importance, it relieves the pain and vomiting, arrests or retards the peristaltic action of the bowels, and thus assists in the maintenance of rest. It should be given in doses sufficient to produce this effect, but undue narcotism should be guarded against. Diminished frequency of pulse is the best indication of the desired effect upon the system. Mercury though highly recommended by some, is of doubtful

retility. Cathartics by increas=
ing peristaltic movements
aggravate the inflamation, and
as they can have no curative
effect, they should be avoided,
when necessary enemata should
be employed. In case of retention
the bladder should be emptied by
the catheter. The regimen and diet
are of great importance, only
ligeuids should be given, in
small quantities and at certain
intervals. Alcoholic stimulants
tonics and concentrated nour=
ishment may be given as needed.
When the patient has so far recov=
ered as to be able to travel, a change
of air may prove beneficial.

Thesis

Subject

Puerperal Septicaemia.

By

W. R. Pearson

Puerperal Septicaemia

Upon a subject so broad, and one which has occupied the attention of the ablest minds of the profession since the earliest ages - I cannot hope to bring forth any views that have not already been thoroughly elucidated.

I therefore merely wish to call attention to a few facts in regard to this interesting subject that have come under my notice during my stay in the Hospital.

There has been numerous views at various times advocated & more or less generally adopted in regard to the Pathology, and cause, of the groupe of affections styled puerperal fever. These have been summed up by an eminent French writer on the subject as follows.

The doctrine of the suppression of the
secretion; the doctrine of the metastasis of
the milk; the doctrine of inflammation
of the uterus and peritoneum; the
doctrine of a specific puerperal fever;
the doctrine of uterine wounds as
we have one after an amputation;
the doctrine of a multiplicity of puerperal
affections grouped under one head,
one common name. The doctrine of
puerperal blood poison.....

Let us look for a moment at the
condition of the puerperal woman
which renders her peculiarly sus-
ceptible to any septic influence.

In the first place her blood contains
an excess of white corpuscles & fibrin

and lymphatic glands - The gravid uterus together with the nerves, veins, and other tissues of that organ have all undergone rapid hypertrophy - After delivery on the outside of the organ all looks well - the uterus is merely much larger than in the non pregnant state. But if opened within it presents a very different appearance - The whole endometrium covered over by the unhealthy [illegible] decidua vera, presents an unclean diphtheretic look - although free from exudation - Here and there small portions of the decidua reflexa, which had become adherent - appear partially detatched and somewhat decomposed.

the tendency such blood is to form a thrombosis in the heart and blood vessels - and to prove a fertile soil for the development of sepsis and pyemia - The nervous system is in a state of over sensitiveness and excitability - from the loss of sleep, anxiety and suffering to which the woman has been subjected during the hours of labor - so that influences which would be very easily controlled under other circumstances produce very evil results here.

The same conditions which result from labor are still more striking The uterus and other pelvic viscera are fully supplied with lymphatics

development of any septic matter. Even the lochial discharge itself has been found to be highly irritating. Now let some septic material be brought in contact with the open mouths of these oozing vessels and it is like puting a match to the tender. The flame is immediately [illegible]

The sources from which this poisonous matter may come are various - indeed there has been many theories advanced upon this subject - some of which have been enumerated above. Concerning the plausability of these different theories it is not necessary for me to say any thing. Except

At another point the large placental cite is seen, raw irregular, and covered over by small pieces of the placental and small blood clots, which close the mouths of the uterine sinuses. Upon examining the cervix we find rents made by the passage of the head. the cervix is swollen and oedematus. The vagina will be found to have its mucous membrane more or less abraded, at the vulva we are almost sure to find some injuries inflicted by the head. The fourchette is apt to be ruptured sometimes extending into the perineum. We could not well have a more fruitful field for the

The modern view which holds that
this disease is in fact identical
with the condition known as pyæmia
or septicæmia - seems to offer a far
better explanation of the phenomena
observed than any other that has
yet been advanced -
The nature of this view as stated
by Mr. Playfair is as follows -
According to this theory the so called
puerperal fever is produced by the
absorption of septic matter into
the system, through solution of
continuity in the generative tract,
such as always exists after labor.
It is not essential that this matter
should be peculiar or specific -

for just as in surgical pyaemia and decomposing organic matter, either originating within the generative organ of the patient herself, or coming from without, may set up the morbid action. Dr. Thomas says Puerperal fever is induced nothing else than the infecting of fresh wounds, such as are found in every newly delivered woman, with these destructive septic material. Almost every woman has after labor small wounds on the external genital organs, which are by the passage of the Child through the narrow passage. and in every newly delivered woman the

inner surface of the uterus, from which the protecting membrane has been cast off with the ovum, presents a large wounded surface. This every newly delivered woman is liable to suffer from the dreaded infective wound disease, which in severe wounded under these circumstances are called Septicæmia, Septicæmia, Blood poisoning &c. So soon as suitable septic materials are brought into contact with the genital organs. The latest clinical observation seems to substantiate the correctness of these theories. To whatever the cause may be due there is no disputing the fact that it is eminently contagious

and infectious

This fact is very clearly shown by the statistics of our own Hospital - during the month of January we have had three cases of labor in our Obstetrical ward, and each in succession were attacked with puerperal fever all three of which were primipar Case No 1 Annie Murry age 28 years. came to Hospital about the first of December pregnant. On the morning of December the third first labor pains first came on regularly, which continued that day and night until next day about nine oclock. When after an examination by Dr West the membranes

ruptured - The head was presenting at the Superior Strait - vertex presentation - position being transverse. The pains which were fairly strong did not advance the head at all - though at the examination and afterward at one thirty the foetal heart could be plainly heard.
About 3 P.M the pains became very weak and at 3.30 [illegible]. Ergot a half a drachm was given with the effect of somewhat strengthening the pains - About 4.30 P.M. the patient was [illegible] under the influence of Chloroform - and delivered by Dr. West - with Hodges forceps - Child was dead and found

to be unusually large - The perinaeum was torn through both sphincter muscles - The position was right Dicipoto posterior - Ergot was given by hyperdermic injection during and after the operation - The placenta was promptly expelled and the uterus contracted firmly. The patient was put to bed and under the influence of opium - she was quiet during the night - In the morning the condition of patient was unfavorable. But as she was kept fully under the influence of opium she complained very little of pain - Vaginal injections of the Bichloride solution gr $\overline{\text{ii}}$ to the θ were given every four

toms - Symptoms of Puerperal Septicæmia came on during the day. The belly was tender and tympanitic - the temp. at night was 101°. Quinine was given in addition to the other treatment. The patient grew gradually worse however - vomiting came on, all the symptoms of inflamation were well marked - the temp. at night was 103½° - Muriate of Quinine and urea was injected in addition to that otherwise given. On Friday the patient was very stupid from toxæmia pulse very rapid - at night being 160 - She continued to sink until death ended the scene about 11.30 P.M.

Post mortem showed entire interior of uterus especially at seat of placenta gangrenous - No peritonitis - perineal wound unhealthy and had not healed at all.

Case No. 2. Was also a primipara - Came into the Hospital pregnant about the first of January - Labor pains came on regularly about 12 M. the 23d of same month. The labor was prolonged and tedious. About nine o'clock the next day the patient was so exhausted and pains so ineffectual - that Dr. Neal was sent for. Who made an examination - found the a[illegible] presentation - position left occipito posterior - After returning the uter-

brane - and being without success to increase the pain by irritation of the os - The forceps were put on and Child delivered - The perineum was slightly ruptured by the passage of the head - The laceration was closed by a single suture - and dressed with iodoform in the usual manner - The Child was living but was crying about the sounds.

The patient was put to bed and a drachm of ergot given - under the influence of which the uterus contracted firmly - Vaginal injections the same as in the other case, were ordered to be given three times a day Though very much exhausted from

the effects of her prolonged labor.
Yet there was no marked symptoms
until the third day. When unmis-
takable evidences of puerperal fever
manifested themselves. Her Temp.
which had not been above 99°
Suddenly went up to 103 4/5° - pulse
13°. - Belly was tender, and tym-
[illegible] Dr. West had her moved
from the room in which she was
confined into the ward.
She was then put on a 1/4 gr Morphiae
and 1V gr of Quinine every three hours
with a fly blister over the [illegible]
pain. The vaginal injections
being continued - In one week the
Temp under this treatment was

brought down to normal - The tenderness of the belly had almost disappeared And the patient was in every respect very much improved - In about fourteen days she was able to leave her bed.

Case No. 8 - A primipara - Gave birth to a Child about 5 oclock in the morning - was found by the Police and brought to the Hospital - On examination her perineum was found to be torn partially through the sphincter - The wound was Closed by Dr. Shiner - Patient put to bed and vaginal injections of Bichloride three times a day - patient did well for about three days

when as in the former cases, the Temperature up to 105°- pulse 120. And all the symptoms of puerperal fever manifested themselves. Patient was put upon the same treatment as prescribed for the others- and made a successful recovery in about two weeks-

I have learned upon inquiry that nearly every woman that comes into the Hospital to be delivered- goes through the same routine as I have described- If one escapes it is an exception- Whether this is due to the fact that the rooms are infected- though every precaution has been taken to guard against this- by generating Chlorine

gas in the rooms - or from living as
near other animals - I cannot say -
One thing it proves - that this dreaded
disease is eminently contagious & &
infectious - The treatment above
mentioned has certainly proven
very successful in our Hospital

Thesis.

Dyspepsia.

A. R. F. Fuller.

Dyspepsia. Indigestion.

Difficult and impaired digestion, may arise either from an abnormal secretion of the digestive fluid of the stomach and intestines, or both together

In common parlance, dyspepsia signifies a group of symptoms dependent upon gastric disturbance. In some cases the disturbance may be merely functional, as no organic disease of the stomach can be detected under such circumstances. Some of the principal causes of dyspepsia, are, insufficient mastication and insalivation of food from eating too

rapidly, or on account of the absence or irregularity of the teeth. Impaired digestion from bad teeth results in two ways: the saliva is not properly mixed with the starchy portion of the food taken into the mouth, and the amylolitic action of the salivary diastase is ineffective; in the second place the ingesta not having been sufficiently chewed, is unprepared for the further disintegrating act of the stomach, thereby giving the stomach and other parts of the alimentary canal more work to do than they can accomplish. Indigestion may result from

atrophy of the muscular coat of the stomach. Or there may be an abnormal quantity of gastric mucus secretion, and in that case food passes through the stomach coated with mucus which prevents it from being acted upon by the gastric juice, the salivary digestion still goes on, but the other part of the food passes on into the intestines in no way advanced by gastric digestion. Improperly prepared food and indigestible articles frequently cause indigestion, also meals taken too frequently or at too long intervals. Change from active

to sedentary habits of life often
soon bring on constipation with
dyspepsia in many cases. Too
active exercise, just before, or
just after eating, interferes with
digestion. A frequent cause of
dyspepsia is drinking fluids
in excessive quantities during
meals, and especially iced wa
ter, by which the gastric juice
is greatly diluted and lessen
ed in activity. To this we
may add tea & coffee, and
alcohol taken too freely and
in an undiluted state. In-
judicious indulgence in
spiced articles of diet and
taking medicines out of season
bring on dyspepsia in some

instances, also eating to excess and causing over distention of the stomach. Changes in the gastric juice. The gastric juice may be too abundant, nearly or quite suppressed and altered in character. There may be an insufficiency of acid or superabundance in the gastric juice, or alkaline or nearly so in character from the abundant secretion of mucus in the stomach, and abnormal ingredients. As regards the stomach it may be interfered with in muscular activity, in not being able to expel its contents in a natural and healthy manner.

from want of muscular tone and over distention, or some obstruction about the pylorus. Or its peristaltic action is irregular. or the food passes through the pyloric end of the stomach, on account of the insufficiency of the valve or too great irritability of the stomach, too rapidly

Excessive study may induce dyspepsia in some cases, but it is not so frequent as some of the other causes. though mental labor may keep up the complaint after it is acquired.

It is also brought on by mental shock, emotional disturbances. and excessive venerial indulgence. In some instances

we have dyspeptic symptoms
brought on by diseased conditions
not referable to the stomach, as
from syphilis and ovarian
disease. The dyspeptic feels
his stomach at all times, but
not always with pain. After
eating may complain of
slight pain and a sense of
fullnes over the epigastric re-
gion, at the cardiac end
of the stomach generally, though
this sensation may be at
times felt between the shoul
ders. There is little or no pain
experienced on pressure over
the stomach. In some cases the
appetite is impaired, in others
it is morbidly increased. In a

healthy individual the digestive act is a source of comfort, in the dyspeptic just the reverse. The digestion may seem to be fully accomplished in some cases, and yet accompanied with very disagreeable sensations, till the digestive act is finished. The mouth is generally clammy, and may have as sour or bitter taste. The tongue assumes different aspects, it may be coated with yellowish or brownish fur when the liver is disordered.

Sometimes it is denuded of epithelium, tender and irritable, at others it is seen to be covered with white fur, with the red papillae projecting through the fur like

the red seeds of a green straw-
berry. At other times it is seen to
be foul in the middle line
with edges clean, or the edges
may be foul and ~~and~~ the
middle line of the tongue
present a healthy appearance.
It is not a rare thing says
"Foltergill to see fissures of the
tongue, especially in syphilis
when the fissures or sulci are
deep, the tongue being smooth
in other respects and denuded
of its papillae". This is a sign of
diagnostic value, as it enables us
to treat the patient in a ration
al manner, instead of treat-
ing him for dyspepsia which
would be utterly useless. Consti

pation frequently exists but not always in dyspepsia. In some cases there is diarrhoea alternating with constipation. Other and frequent symptoms of dyspepsia are cardialgia, flatulence pyrosis, melancolia, palpitation of the heast, head ache, diplopia, and the skin dry and rough. The urin says Flint on inspection shows a laleritious sediment and crystals of oxalate of lime under the microscope. Many dyspeptics do not rest well at night, sleep little are troubled with dreams, and on leaving their beds in the morning feel tired and unrefreshed and dejected.

Cardialgia or heat-burn is produced by an acid in the stomach, and causes a burning feeling at the oesophageal end of the stomach. Pyrosis or water-brash is due to the eructation of fluid into the mouth, which may be either sour, alkaline, pungent or insipid to the taste. Regurgitation of food which sometimes occurs, may be sour or sweet, or partake of the nature of the food in the stomach. Bearing some similarity to this, is the eructation of gas or wind from the stomach, which sometimes proves very annoying to the individual. Flatulency

brought on by indigestion is often a source of great discomfort. The stomach or transverse colon being distended with air, presses upon the diaphragm, hampers the beating and interferes with the action of the heart producing intermittency or palpitation Eczema, psoriasis and other chronic skin diseases frequently accompany indigestion and are cured by putting the digestive organs in a good healthy condition. Head ache is a frequent symptom of dyspepsia and may not be limited to any particular part of the head, it may be dull in character or painful with a

sense of giddiness, or diziness in the head, intolerance of light or sound. In some cases the head ache is probably dew to anaemia of the brain during the digestive act from the flow of blood to the stomach and visera. The mental condition of many is that of extreem misery, not so much on account of what little pain they induse, as their inabilitiy to consentrate the thoughts, and being incapasitated for work. The imagination is very active, and the unhappy sufferer apprehends evils that do not exist. His imagination leads him to believe that his malidy is something more

than mere indigestion. When his head aches he suspects that he has some serious brain trouble

Or palpitation of the heart frightens him, and he is led to blieve that speedy death is inevitable; the thought of which hovers over him as a spectre, and disturbs him during the short interval he has of comparative ease or health. He lives in a state of panphobia, of some approching evil which depives him of his happiness, and every uncomfortable feeling he regards as an indication of some structural disease. He magnifies his physical suffering, by his mental misery.

and makes his condition far worse than it really is. It is impossible for the dyspeptic to feel cheerful and contented in his condition, but lives as if the sword of Damocles were constantly hanging over him

Pathology. symptoms we have enumerated are referable to certain parts of the organism. Located in the mucus membrane we my have such symptoms as pyrosis, cardialgia and gastric irritation. Atony of the muscular structure of the alimentary canal, and inactivity of the liver and intestinal glands, bring on constipation and its consequences. Prognosis will

depend very much on the nature of the condition. as to how long the symptoms have lasted and whether they can be removed - also the ability and willingness of the patient to carry out an appropriate course of treatment.

When indigestion has lasted for a considerable length of time, it is frequently not very amenable to treatment, especially if the glands and coats of the stomach have become much impaired. Most patients may be cured or much benefited by suitable treatment, but the disorder is apt to recur. Persistent dyspepsia accompanying chronic diseases, is little if at all

benefited by treatment. Treatment.

on beginning to treat a case of dyspepsia, we should ascertain as far as possible the family history of the individual, his own history, his occupation, his opportunities for taking food, the condition of the teeth and state of the bowels; all of which it will be very necessary to know if we wish to treat the individual successfully.

If there is a hereditary predisposition to failure of nutrition we may look on the case as intractable. It is important to know the past history of the individual, because if he has lived in an unhealthy

locality and been accustomed to taking all kinds of indigestible articles of food until his digestive organs have been completely upset. It may take some time to get them to functioning properly. If the teeth be uneven or lost the defect should be remedied by a dentist as far as possible, as mastication would be improperly performed under such circumstances. Having ascertained all we can about the patients preexisting condition we are ready then to begin treatment. The most important thing to be considered in the treatment of dys-

pepsia is the regulation of the diet, for without this other treatment in most if not in all cases would prove worse than useless

Under this head may be embraced not only the kinds of food that should be taken, but also, the amount, intervals between meals and other things.

Plain food being more easily digested than pastries, cheese, fresh bead, with other made dishes and some kinds of fruit. it should be insisted on as the best course to persue as regards the diet. Highly salted meats as dried pork, fish, etc should be forbidden as highly indigestible and pernitious.

Fresh and tender beef, mutton and kid, is easily digested by most dysptics when properly cooked

If more easily digestible articles be needed on account of gastric irritibility, fresh fish game and light soups, chicken, the yelk of eggs and skimed milk may be taken to advantage

Next to diet exersise is of most importance and should be indulged in as much as the nature of circumstances will permit. Horse back riding when the dyspeptic is able to indulge in it is of very great benefit.

Medical treatment must be such as the nature of existing conditions may require. Tonics

laxatives and antacids answer well in many cases. Bitters as gentian, quassia columbo and quinine are suitable tonics.

The tincture of nuxvonica in 5 or 10 gtts doses, or the 1/50 of a grain of strychnia often acts more beneficially than any other medicine we can use, especially if there be atony of the muscular coats of the stomach and intestines of long standing with nervous debility. We may give as laxatives rhubarb in one or two gr doses, compound liquorice powders, extract of nuxvomica, aloes and gentian. Antacids after meals as bicarbonate of soda, lime water

carbonate of magnesia or bicarbonate of potassium to correct excessive acidity of the gastric secretion. If there be much irritability of the stomach with vomiting, drop doses of Fowlers solution, or bismuth with small doses of carbolic acid may be given to advantage.

Thesis by

Geo. R. Starr

"Pertussis"

Whooping Cough – Pertussis

Whooping Cough or Pertussis is a disease partly inflammatory and partly nervous seated in the bronchi and larynx, uniting spasms of the bronchial muscles and inflammation of the bronchial mucous membrane.

Pertussis is an infectious, contagious disease, characterized by slight fever, bronchitis, and a convulsive cough, followed by several slight expiratory efforts, then a long shrill inspiration and expectoration of glairy mucus. Causes It is thought

that the special exciting cause of this disease is a contagious principle which acts upon the respiratory organs, with special excitation of the filaments of the superior laryngeal nerves. The morbific material may excite the disease at any age, but it is most common from the first to the seventh year & females are more prone to it than males. Perhaps occurs among all classes and races. It is encountered at all seasons though principally during winter and

Spring. It is thought as epidemics of whooping cough sometimes follow or precede epidemics of Measles there exists some relationship between them but there is no positive theory in regard to this. It is uncommon for a second attack to occur in an individual who has once had it.

Pathological Anatomy The only lesions are hyperaemia of the mucous membrane of the nares, pharynx, larynx, & bronchial tubes Sometimes pulmonary & cerebral lesions occur

during the course of Whoop-
ing Cough but these are
not connected directly
with the disease.

Symptoms There are three
well defined stages in the
ordinary form of the dis-
ease. viz. The Catarrhal, the
Spasmodic or Convulsive and
the Terminal or Decline. There
is also a complicated form.
The Catarrhal stage cannot
be differentiated from an
ordinary catarrh. There is
a cold in the head, some
cough & slight fever with
evening exacerbations, and

morning remissions with general malaise and loss of appetite. The cough changes its character in one or two weeks and becomes more spasmodic the characteristic cough comes on gradually as a general thing but sometimes it makes its appearance suddenly. The paroxysms have a distinctive character; the cough consists of a succession of short, rapid, expiratory efforts; the face gets red; the eyes swell and protrude; the body is more and more bent

forward in the effort at cough-
ing then, when the breath
is entirely exhausted a deep
loud crowing inspiration
occurs during each paroxysm
there may be two, three or more
of such efforts and at the
expiration of them the pa-
tient brings up a quantity
of tenacious, glairy mucus
which he dislodges with dif-
ficulty and is often accom-
panied with vomiting. The
peculiar whoop or sonorous
inspiration is after a time
absent in some of the par-
oxysms and ultimately ceases

altogether. During the paroxysm, the expiratory effort coincides with a partial occlusion of the glottis. The venous blood accumulates and more or less cyanosis of the face and head is produced; haemorrhage from the nose may occur, also from the ears, rarely from the bronchi and under the conjunctiva. In some cases the sudden compression of the abdominal organs, produced by the coughing, gives rise to the formation of hernia, to prolapse of the bowel and to involuntary evacuations. The –

duration of a paroxysm ra-
nes from a few seconds to
several minutes, and, the
number of them that occur
is very various, ranging from
ten to a hundred, the aver-
age being about twenty or
thirty. During the height of
the disease the attacks are
more numerous at night
than they are in the day. Of
course they would there be
deprive the patient of much
sleep which sometimes caus-
es more serious trouble. In
the intervals between the parox-
ysms sibilant or sonorous or

murmurs rales will be heard The heart palpitates and the pulse becomes very frequent (120 to 200) in children during and after the paroxysms. The respirations may rise to 100. The frequent vomiting causes such a loss of alimentary substance considerable weakness and emaciation result But when the paroxysms are few and far between the child's health may remain entirely good. The skin is more or less relaxed, and during a paroxysm may be covered with sweat. After

are brought about by various causes. Imitation is a strong motive, the presence of food in the stomach and the inhalation of dust or irritating fumes of any kind may excite and bring them on. When the paroxysm is about to approach the child will leave its play or whatever it may be doing at the time and run to its nurse or seizes hold of some near object for support, the face turns pale and then comes the explosion.

Course Duration and Termination In a typical case of Pertussis the course is favorable uniform the catarrhal stage lasts two or three weeks, the Spasmodic three or four and the Convalescent a week or two though it may be prolonged by Cough of habit. The course of Whooping-Cough may be very much modified by complications. These occur chiefly in the lungs and brain In every severe case of it there is present to a greater or less pulmonary congestion due to the interference

with the respiration occasioned by the paroxysms of coughing. his condition then becomes more critical the heart beats very rapidly & the pulse is weak & thick is general debression. Capillary Bronchitis is a very frequent complication of Whooping-Cough and sometimes brings about a great deal of trouble for instance. should the patient take a severe cold with it, Pneumonia, Emphysema & even Consumption may result. Collapse

of the lung may occur. Congestion of the brain: apoplexy, meningitis & diarrhoea also are complications apt to occur. It is a constitutional or blood disease, its high contagiousness and its relation to measles help to prove this. Its period of incubation is another evidence also.

All nervous complications are caused by cerebral congestion they may appear early or in young infants may not come on until late in the disease. The child becomes

stiked, drawn, and fits con-
vulsions. When vomiting oc
curs at other times than
after a paroxysm of cough
-ing it is thought to be
caused by central irritation
When Pertussis follows Mea-
sles it is then especially
apt to be complicated by
catarrhal bronchitis.

Post-Mortem. examination
shows that there are no
characteristic pathological
lesions. There is said to
be tuberculosis of the trach-
eal and bronchial glands
and there may be chron-

infiltration of them.

Diagnosis- Diagnosis is very difficult in the first stage but easy in the second. The chief features are the cyanosis, rhonchi, expectoration, vomiting and the face is pale and swollen between the paroxysms.

Prognosis- Varies with the age and city. Season also has a modifying influence over the disease. Constitutional peculiarity, intensity of the poison and all the different complications must be taken into consideration

as far as Prognosis is concerned. It is always favorable in uncomplicated cases. but sometimes is more grave in infants, in cold and damp weather & especially in the 2nd or Spasmodic stage.

Treatment— There are various modes of treating this disease or rather various drugs which enter into it's treatment. As a rule we treat it symptomatically for as there is some peculiar, unknown microbe principle which

produces it, we cannot take away the cause and therefore must treat the symptoms as they arise. In the first stage (especially if the child is subject to) give some simple soothing Symp. (before diagnosis) Throughout the day & at night the Symptoms of Croup to produced emetics - & then those remedies which are used in the ordinary Bronchial Catarrh. The Iodide and Bromide of Ammonium are very useful especially about the time that the first stage

develops into the Spasmodic
The Dead Tinct Opii, Bella-
donna, Aconite Root & Fluid
Ext Ipecacuanha in pro-
portionate quantities is re-
commended as a most use-
ful combination. If the
child is old enough a gar-
gle of the Bromide of Potass
may be used with advantage
Now as the Spasmodic
Stage approaches the anti-
spasmodic remedies should
be used, and probably
opium is the most use-
ful of all. A slight hyp-
notic effect should be kept

up all the while to get the best results There is no prophylactic. young infants who are teething, & those just weaned should be protected against its contagious influence. but if the season is good and the child is healthy, permit or even encourage contagion The treatment should be Hygienic to a great extent. Warm atmosphere day and night warm clothing, good ventilation; exercise, regularity of bowels &c should be carefully attended to.

among other effective remedies Quinia stands at the head. & when given in full doses & at the proper time often aborts the disease altogether If the tubes are much obstructed by mucus or if capillary Bronchitis supervene, emetics may become necessary. The Yellow Sub Sulphate of Mercury. Alum, Apomorphia & Ipecac are the Emetics best suited for the purpose—

Jno. B. Carr

Table of Contents.

Subject- Synonyms- Definition-
Preliminary Remarks-
Page - 1.
Symptoms and Course-
Page - 2.
Complications-
Page - 11.
Morbid Anatomy-
Page - 13.
Causation -
Page - 15.
Diagnosis -
Page - 23.
Prognosis -
Page - 25.
Treatment-
Page - 27.

10.- University of Maryland.

Faculty of Physic. Jan-30th '84

Subject-

Typhoid Fever.

Synonyms.- Slow Nervous Fever;
Common Continued Fever;
Enteric Fever.-

Definition-

A continued fever characterized by the presence of rose colored spots on the abdomen (usually) with a tendency to diarrhoea and lesions of the mesenteric and intestinal Glands.

Remarks.- Perhaps there is no term within the limits of Medical Literature that involves a more extensive field for Pathological investigations than this term Typhoid Fever. We are proud of the Title which stand at the head of our Thesis. It contains deep thought for the mind not that we intend to lay before you or present to you the

many hidden truths it contains nor is it our object, our aim to startle His Excellency - with that which has never been revealed even by the pen of so many great minds - (would that I could) To do this which alone would add a Star to the Crown of our Profession and write for him a name high up on the great Pillar of Fame - Alas! we must proceed to speak more direct of the Subject we have chosen -

Symptoms and Course -

This is a slow progressive Fever as its name indicates, more than that of any other fever - it comes on with langnor and debility, anorexia and headache; these last for several days - with bleading at the nose and a bronchial cough: these are looked

seen by some as essential early symptoms. The victim takes to bead generally with fever of considerable violence. The face becomes a dark purple. He lies dozing perhaps muttering if left to himself during the day; but is more or less wakeful and restless at night. About the End of the second week hardness of hearing is not uncommon. Tympanitis or swelling of the abdomen comes on about the eighth or tenth day. Cherry or rose colored spots on the abdomen, chest and back, few in number, which disappear on pressure are to be looked for at the end of the second week, they are present in about three-fourths of all Typhoid cases, and are present for a week or two. Though I have seen two cases in which they remained

in one 23 days the other 21 days. On the other hand I have known them in one case to disappear on the third day from their first appearance, this rose eruption may be preceded by a Scarlet rash. bluish patches of irregular forms and sizes may be found on the breast, abdomen, back and thighs which are not peculiar to Typhoid. Tenderness on pressure in the right Iliac region with gurgling under the hand exist in most cases. Diarrhoea may come on from the fourth to the sixth day.

The duration of Typhoid pyrexia is seldom from the start much short of two weeks and is often more. I can recall one case which was treated by a Medical Friend of high standing in which the Patient a Man age 68 years was taken to bed after two days ailing

with coma, delirium and other symptoms of Typhoid remained in a stupor for three days was at the end of ten days from ailment able to be out on his farm. This was diagnosed and is yet thought to be a case of Typhoid Fever. Typhoid Fever may be protracted as I have seen it two and a half months. Others whose experience is more extensive in this Fever say it may continue for three months. From twenty eight to thirty five days I think may be a fair average of time from taking to bed to leaving it in convalescence. Late symptoms in severe cases are dicrotism pulse subsultus tendinum retention of urine, hemorrhages from the bowels, and as I have seen in one case a few hours before death hiccough cold and clammy sweats involuntary discharges of urine

and Faeces. In protracted cases bed Sores are not uncommon even during convalescence abscesses in various parts of the body may and often do give trouble these usually to be found in the glands and connective tissue; but may according to Flint involve the long bones, lungs liver, spleen &c. Danger of perforation of the intestines from deep ulcerations of the glands of Peyer's exist always after the first five days, until late convalescence. According to Hoffmann, perforation occurs in about one per cent of all cases of Typhoid and in about eight per cent of all deaths by this Fever is due to perforation. Cases have been reported in which fatal perforations have taken place from four to six months after convalescence due to error in diet-

Perforation is recognized by severe peritonitis, abdominal pains, rigidity of the abdominal walls sometimes with collapse. The result of this if severe is almost always fatal; the only recorded exceptions that I know is mentioned by G. B. Wood. Dr. Hartshorne claims to have seen one case of suppurative peritonitis, opening externally which recovered; but such cases are so rare that they hardly conflict with the general rule. Temperature. This phenomenon we are glad to say have of late attracted much attention by the Medical Profession. It has and I trust may be made a special study in Typhoid Fever. For our present purpose it is enough for us to say that the rise of Temperature in all cases of Typhoid

Fever is invarable, generally the rise from 98.4° (the normal) is gradual during the first four or five days. This gradual rise of temperature from day to day during the first week is diagnostic of Typhoid Fever. This increase I have known to reach 104° on the evening of the fourth day. I believe we can safely say an attack of disease in which on the first two or three days the heat in the Axillary is as high as 104° cannot be Typhoid Fever and the same assertion holds good in cases where the temperature falls from the fourth to the tenth day below 103°. A difference of 1° or 1.5° between morning and evening is usual, generally higher in the evening. A high elevation of temperature in the morning say 106° to 108° or 109° foretells the approach death by inflamation as in

Pneumonia. Toward the end of the second week lowering of the heat below 103° is a favorably indication. A sudden and considerable fall of temperature, other than convalescence is unfavorable, it foretells hemorrhages from the bowels. Flint records a case which proved fatal in his hands. Liquidity of the stools is thought to be characteristic of this fever, even if there is but one daily. In most cases after the middle of the first week there are two or three passages daily - which are brownish with a slight yellowish tinge or ochre colored. From the beginning of the attack the bowels are susceptible to the action of Cathartics. I have seen a Teaspoonfull of Castor Oil, purge freely. Excessive diarrhea at a middle or worse at a late stage usually adds to the prostration of the Patient.

Hemorrhages from the bowels when it occurs is most likely to be met with in the second or third week. It occurs in from five to eighth per cent of all cases of Typhoid Fever it may be slight or severe, even in severe cases death does not necessarily follow. The Urine throughout the attact is scanty high colored excessive in the amount of Urea deficient in the chlorides and may be albuminous in sever and low cases. An abundance of albumin denotes gravity, in fatal cases in which death has occurd it continued up to death. In such cases the kidneys after death have been found to be simply congested no deposite or change of any kind in the structure of the kidneys has in my knowlede been found to exist. We should never fail in any case of

Typhoid fever however light it may seem to examine and ascertain the condition of the bladder. It may become greatly distended from retention of Urine, we should by all means resort to the Catheter when necessary. To be successful Practitioners it behoves us to use common sense in each and every particular pertaining to the welfare of our Patient.

Complications, —

Under this head we shall only speak of those complications which are most likely to be found in every day practice. Dr. Flint claims there is no disease accompanied by so great a variety of complications as may be found in Typhoid Fever. Pneumonia, either lobular or lobar is a frequent complication. Emboli and Thrombi may cause a Hemorrhagic infarction.

Changes in the Lungs are to be found in nearly all cases of typhoid Fever. Congestion and inflamation of the bronchial mucus membrane a constant element in the disease. Congestion and the condition known as splenigation of the Lungs are found in a large number of cases. It has been denied by some that true Pneumonia ever occurs, but I can not see that it is a thing impossible. In cases of typhoid-malarial fever Dr. Curry claims to have seen after death more than once suppuralions as well as hepitagalions confined to the posterior portion of both Lungs. I do not doubt the same happening in Typhoid Fever, Inflamation of the brain may complicate Typhoid though it is not so common as in Typhus Fever.

Typhoid like other infectious diseases, is attended by parenchymatious degenerations. The cardiac muscles, the liver, the kidneys are the parts most affected. The voluntary muscles may undergo the change. Pseudo-waxy changes in certain muscles is claimed by some Authors. This change affects only certain muscular fibers and not the whole muscle uniformly, it is found in recti abdominis, adductors of the thigh and in the diaphragm to be most common.

Morbid Anatomy.—

The parts characteristically affected in Typhoid Fever are the glands or patches of Peyer in the small intestines, the mesenteric glands and the liver. According to some writers who claim to have studied Peyer's glands state that at first the glands thicken and elevated

from one to three lines above the surrounding membrane - they are first redden, then soften and become covered with mucus, later ulceration is present in many though not all cases, this process may go on until as above stated it may perforate all the coats of the intestine. The healing of these ulcers by granulation is claimed by most authors. Dr. Murchison of London has recorded fatal cases by sloughing of the intestine without perforation. The solitary glands of the small intestine are in most cases enlarged to the size of a pea which soften soften and break down. The mesenteric glands are almost uniformally enlarged, congested and softened; in many cases they suppurate. Usually those glands diminish in size as the process of ulceration goes on in the intestine.

The abnormal degenerations which take place in the muscles especially the Recti-Abdominal, the Adductors of the thigh &c. have been known to end in rupture of its fibres. The blood in cases of Typhoid is poor in fibrine and contains an over supply of white Corpuscles.

Causation.—

The question as to the true pathological cause of Typhoid Fever is one of vast importance and full of interest. I trust that we may not be saying too much when we say There is more room for doubt and variety of opinion as to a true cause than in ~~any~~ other common infectious disease. To say that it is not contagious would be saying that which facts will in many cases disprove. On the other hand to say that it is contagious would be to affirm that

which we believe to be an established truth.
It is a known fact that this disease is
not restricted to any one locality or
climate it is endemic in all parts of the
country. It often prevails within limited
or circumscribed districts. It has been said
that depressing causes of all kinds may
produce it; foul air, removal from one
country or locality to another, fatigue,
anxiety, impure air and water, em-
anations from drains, cesspools,
sinks and sewers from water closets &c.
are all predisposing causes. Yet I am
acquainted with cases in which death
has ensued in the entire absence of
any known or imagined cause. No
locality limits it all climates allow
it. It is claimed by Dr. Hammond
that the "Mountain Fever" of hunters

in the far West was found in Autopsies held by him, that many presented lesions of Peyer's and in the Mesenteric glands. Such reports if they are correct is very much in the way of the Theory of Budd namely (Matter passed from the bowels of those having it, and by water or air becoming impregnated by this excrement transmitted in to the system of others) or that of Murchison namely: (its reference always to foul air as that of sewers &c.) These theories however true they may be are not yet established. True some facts asserted by Flint-Watson and others in proof of it are hard to get around. In fact we might say impossible with our present knowledge of its causes without admitting such a mode of propagation. (as in the North Boston and other Epidemics as claimed

by Flint.— For our present purpose and with our limited knowledge of this subject it will be unwise for me to state the theory as set forth by Budd and so ably discussed and maintained by Dr. Flint and others that we may safely say and speak in behalf of the Germ theory. Dr. Ballard has reported instances in which it appears to have been propagated by milk served by dairymen, due no doubt to the washing of cans used, with water exposed to contaminations. A more extensive series of cases in the west end of London in the summer of 1873 was found by analysis to be due to the same mode of propagation. My own observation and experience leads me to claim that as a truth will prove that — typhoid fever is not contagious in the same

sense or way, as other Contagious diseases like Scarlet Typhus Fevers Small Pox & Measles and Relapsing Fevers. I have nursed and handled the Stools of some six cases, and slept with four out of the six in which two with whom I slept for more than ten days died from hemorrhage: and I have thus far escaped the disease. Dr. Flint says "Physicians, nurses and members of families brought in close contact with the disease seldom and perhaps never contract it in consequence there of. With this uttered by so Eminent and distinguished Authority as a basis we may fairly suppose that if these causaline Germs are produced or originated within the body of typhoid patients they be and no doubt are expelled from the

body with the intestinal contents, them from experience we know when first expelled that they do not possess the power of producing the disease in those who come in contact with this expulsion. Then can we not assert that they do not possess that power which is necessarily to aid to fit them in becoming infecting agents, in other words they have not fuly matured: but are necessary bound to under go certain modifications and developement before they become affecting agents. In order to bring about this life this power of infection I believe it is necessary that they must first derive their nourishment their substance from some source which I do not hesitate to point or restrict to impure water. I can

not recall to memory one single inci-
dence in any epidemic that have been
recorded but what this infecting Agent-
or the Germ Theory can if carefully
analyzed be traced to impure waters.
In proof of this assertion we offer the follow-
ing recorded cases Dr. Flint "North Boston
epidemic in 1843. also in case of Dr. C.
Page 963 of his work on Practice. Burchisons
tracing to Cesspools &c. The out-breaks
in Hotels Colleges Schools Private
Houses &c. Dr. Ballards contributing it
to dairies. Like causes in West London
in summer 1873. Dr. Thorns so-called
"Crucial instance" by drinking water.
The epidmic at Zurich Switzerland as
reported in 1839 and 1878. in one
instance four hundred another five
hundred cases which followed

a Musical Festival. Investigations proved the cause to be due to Beer furnished by an Innkeeper of the place thought to be due to the washing of the Beer with water from an old well which stood close by. These are two striking proves of this theory to be forgotten or overlooked. I believe on these we may found the true analysis of a problem which must be solved in the near future. Typhoid Fever is rarest in old age; not frequent in childhood; most common between fifteen and thirty years. Few have it under ten or over fifty; it scarcely ever occurs twice in same person, though I have known one case in which it occured twice but not so severe the last time as in first "Case."

It has no regard to sexes each are alike subject to the disease. The adults are generally in good [illegible] Pregnancy, Lactation and Phthisis are thought to be protective agents.

Diagnosis.—

In speaking under this head we shall not dwell at length. In being called upon to make a diagnosis in case of suspected Typhoid Fever we would act and be governed as follows— The gradual approach of the fever— The age season— headache— [illegible]— delirium— somnolence— the degree of fever— abdominal symptoms— color of stools— Tenderness on pressure in Iliac region with gurgling, eruptions on the skin— their color and size— the presence of Bronchitis usually in subacute form. With the foregoing points—

in view we may without much difficulty
arrive at a Diagnosis. From remittent fever,
typhoid is known by the absence of vomiting
and of sallowness of the skin, and the slower
onset, a more protracted course, the mental
dullness & abdominal symptoms. Vomit-
ing may occur in children. The distinct-
ive points from Typhus Fever are. In
Typhoid we may have Epistaxis. Bron-
chitis. Diarrhoea and Tympanitis with
gurgling &c, Lenticular rose spots; Progress
very slow; Death rarely within fourteen
days. Countenance purplish red. Origin
obscure. Lesions characteristic. While in
Typhus Fever we have no Epistaxis nor
Bronchitis; Bowels constipated. Seldom Tym-
panitis; A rash on fifth to seventh day;
Dead within ten days usually. Countenance
dusky red. Carnation mostly [illegible]. In many

cases these or some at least, are overlooked on account of their being imperfectly developed. We think as a pone said that with these phenomenal characteristic points of typhoid fever one skilled in Medicinal Practice and not too apt to jump at conclusions may without much difficulty arrive at a true Diagnosis in this fever.

Prognosis.—

The mortality from this disease varies greatly under different circumstances. The possibility of perforation of the ulcerated bowels gives rise to an element of uncertainty in ever case. Of 1812 case collected by Murchison the mortality as shown by him was one in every five or about (5.4) Of 303 cases collected by Jackson in Massachusetts General Hospital (only two (+2) were

fatal being about one (1) in seven (7) cases or a little over thirteen (13) per cent. Of seventy three (73) cases reported by Flint - the mortality was about twenty-four (24) percent. From these statements we see there is much variation of the death rate in different places and at different periods. We think that one death in twenty will be a fair average mortality. So long as ataxic symptoms are not accented and so long as the pulse is not over frequent or feeble - the temperature does not raise above 101° or 102° and not below 98.6° in the first two weeks and no severe complications likely to rise we may be safe in telling our patient that the prognosis is favorable and a mild attack is expected. On the other hand coma, convulsions

and great prostration is evidence of much danger and renders our prognosis very unfavorable. Increase in temperature above 105° denotes danger. a temperature of 106° or 107° or upward pare tells death. Hemorrhages may lead to death, though Dr. Flint claims that hemorrhages are far less dangerous than has been thought by many. Hemorrhages repeated or profuse in a feeble subject brings on exhaustion which I have known to end in death.

Treatment—

Self-limited as typhoid fever is, no cutting short of it is yet known. We must conduct our patient through it as safely as our skill will admit. It must be our chief aim. our one object to act promptly in that which

is calculated to act for the good of the patient - to do this very little medicine perhaps none will be required with good hygienic treatment. I have seen it treated with so little medicine, that it might be said to have been left to nature, supported by good nourishment alone. There is perhaps no disease from which the patient will so surely recover without treatment medicinally, if properly nursed as in Typhoid Fever. Dr. S. B. Hartman in his publication titled the "Key to Life" claims during seven years practice in Lancaster Penn. to have met with a large number of cases in which he never lost a single case and during that time never gave a grain of medicine to a Typhoid Patient.

his own wife being a victim to a very
severe attact. However true and reliable
this may be. I can not receive it as
facts or proper in so dangers a disease
as Typhoid Fever. To be successful prac-
titioners and to discharge our duty as
expected of us, we must do something
more than fold our arms across our
breast and trust to nature alone
to save our patient - we must ne-
cessily resort to medicine for aid
in order to cause nature to act in
that way to bring about the desired
change with a favorable determination.
If we were called upon to day to treat a
typhoid Patient - we would treat
symptoms as they arise. In the first
few days of the disease if the bowels
are costive a tea-spoon full of Castor-

Oil may be given after this no laxative is required. During the first week while the fever is high, the tongue furred and dry, skin hot &c. we may give Dover's Powder, or Ipecacuanha — or we may give small doses of Calomel. Spiritus Mindereri in 3ss doses well diluted in water every two or three hours as a diaphoretic. Liquid food is necessary from the first. Rice water, Toast-water, Oatmeal gruel the first five days — then Milk may be given in two or three tablespoonfuls every two or three hours. Alcohol stimulants may be given if required in the early stage — but not more than one half the cases which I have seen need it at any stage — I never would give it — in my judgment — I thought

the condition of any patient demanded it. I think it best to give it in the form of whey, in half wine glass full every three or four hours. Brandy or Whiskey punch or Tablespoonfull of Whiskey in twice its quantity of milk every [illegible] or three hours. If at any time we should doubt the wisdom of giving it we must give our patient the benefit of the doubt. Beef tea is thought to be indispensable by many from the second week. In low cases where the patient has fallen in to coma he should be waked to take the required nourishment. In first ten days headache and great heat of head may call for application of cold (Ice). dryness and heat of body may be allayed by sponging the surface with tepid water.

and Whiskey - or Cold water may be applied to the whole body - by sponging - or by the wet sheet - This may be continued until patient is relieved - and may be repeated as often as necessary - Some recommend immersing the body in water of the temperature of 95° and gradually diminish the temperature to seventy 70° - But - I do not advocate this method on its inconvenience to patient - I think we can bring about the required result by sponging our patient - and with far less risk of chilling our patient - Flint - claims this should be done when the heat in axillary is 103° and that of the rectum 102½° - Of the remedies to be used for the same Sylet Quinia stands at the head

of the list and should be given in 20 to 30 gr doses before the evening rise of temperature if patient can endure or tolerate it." (Flint) Oil of Turpentine may and indeed must be given with the hopes of preventing intestinal ulceration - it may be given in 5 to 20 minims in mucalege every hour or two. In short we believe that we may assert with truth that we may give any thing in this fever that gives relief and comfort to our patient, with the hopes of doing good. We must vary our treatment to suit the conditions of our patient - for example if thirst calls for water give it unhesitatingly often and in small draughts. To procure sleep which is an essential element.

not only for immediate comfort but as a means of awarding ataxic symptoms. An opiate may be given for this end. Delirium if marked must be treated. Opium in some form is our chief reliance. Either alone or with Antimony in small doses. The Abdominal lesions or pain must be watched for and treated with care. The applications of mush poultices with about one fourth part of Mustard has been used with good success. Applications of Turpentine by means of flannel saturated in warm water then rung dry and then wet with turpentine laid over the abdomen is highly recommended and indeed I have seen it practiced with success. We may give an Enemata

to which turpentine should be added.
In this dangerous occurrence our small chance of success in this fever - hangs up on Turpentine and the free use of Opium and other measures to support life. Other Complications than those mentioned may be treated to suit the nature of the case - We might go on Eternally, treating of each, and every thing likely to rise in this fever - but such a discourse is uncalled for, as we can not add from experience any thing that is new to you - for all that we know in regard to Typhoid fever is from our reading and from Thy hand -
In speaking of Typhoid fever in a condense form we speak

our sentiments when we say - give us fresh air - good sustaining diet and such Hygienic measures as we may desire - together with such Medicines at hand as will enable us to meat each complication as it occurs and we will be able to save nine tenths of our Patients -

In conclusion we will say, that if this writing (though feeble as it is) should aid your Honorable Body in confering upon me the Degree "M.D." May, Heaven crown your decision by enabling me to press onward and upward - that I may not only prove worthy of your generous confidence - but that my days may be spent in the discharge of my duty and to the upbuilding of the profession I have chosen -

I am your truly

Joshua. A. Findley